



**NEVADA
DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

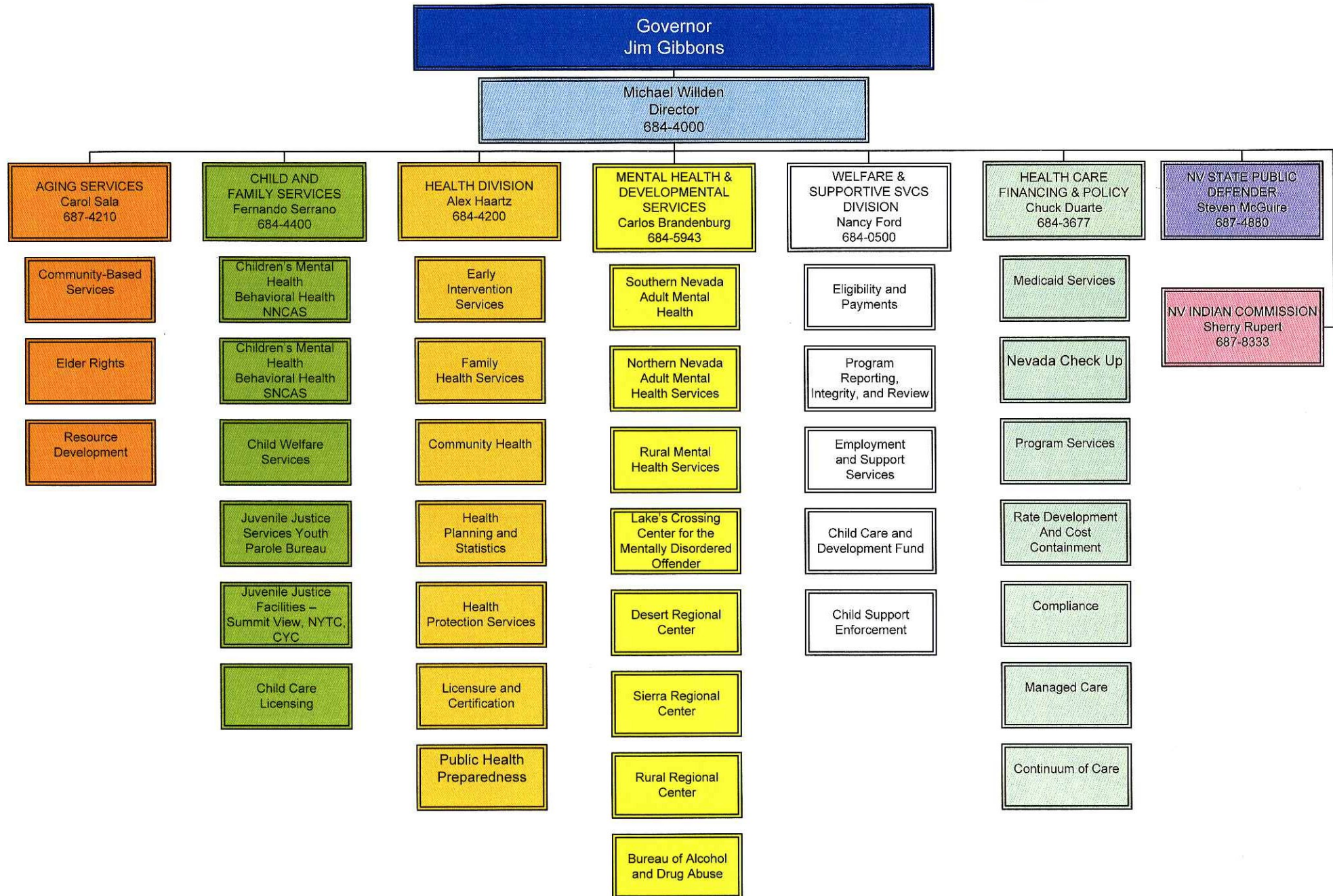
<http://www.hr.state.nv.us/>

**OVERVIEW OF THE *DIRECTOR'S* OFFICE
BUDGET *P*RESENTATION
TO THE *MONEY* COMMITTEES OF THE
2007 LEGISLATURE**

January 24, 2007

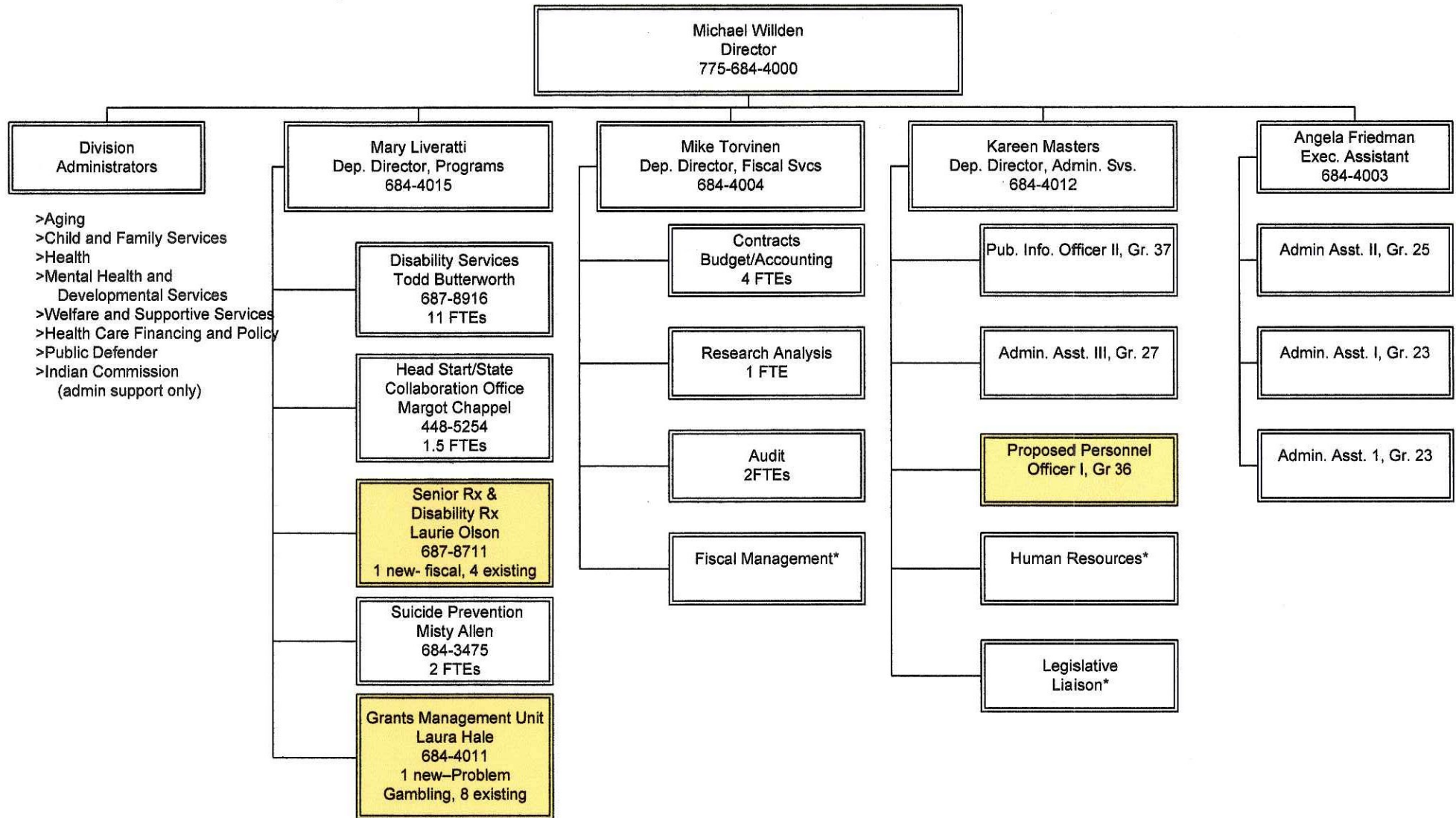
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION ADMINISTRATORS
CARSON CITY
JANUARY 24, 2007

DHHS WEBSITE
<http://www.hr.state.nv.us/>



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
CARSON CITY
JANUARY 24, 2007

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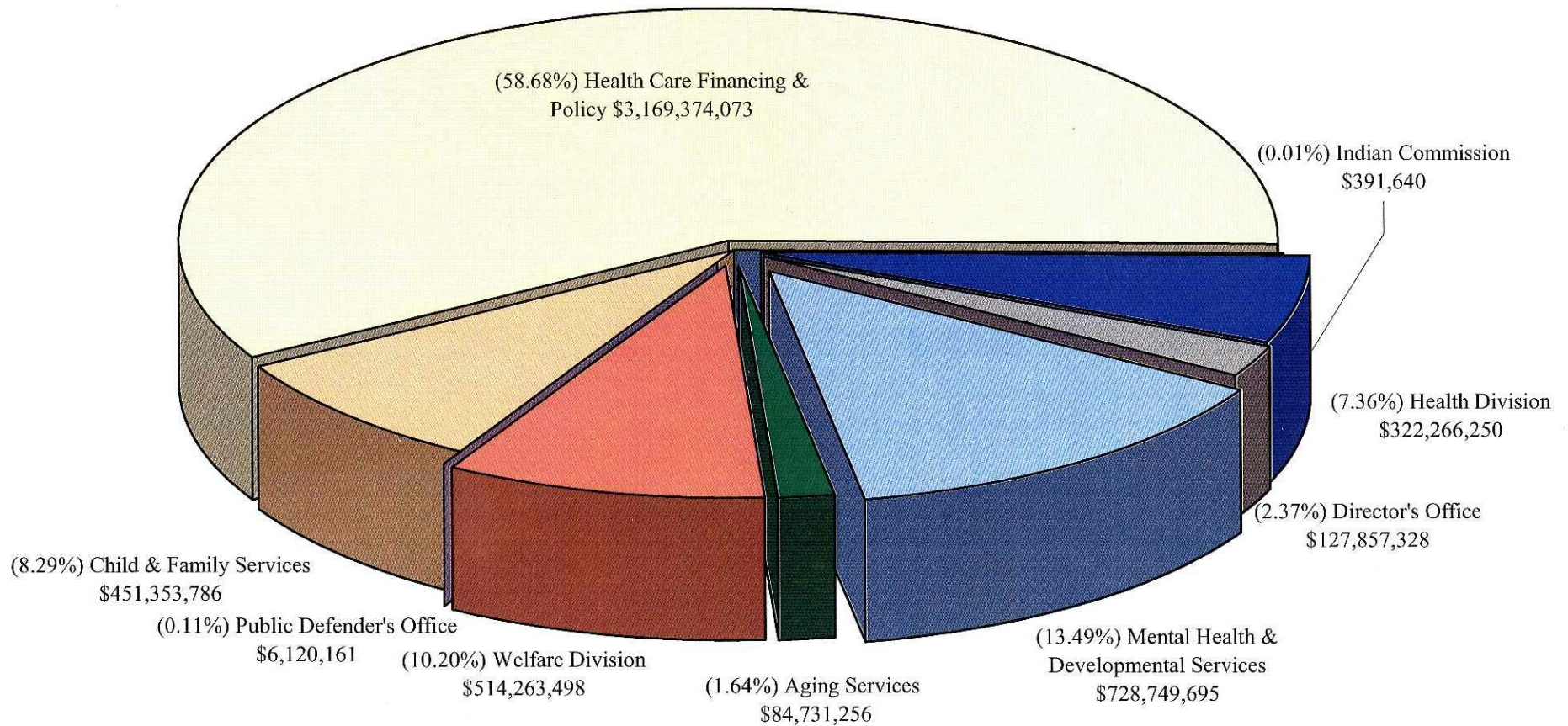


*Coordination of activities of department/no actual staff

Department of Health and Human Services

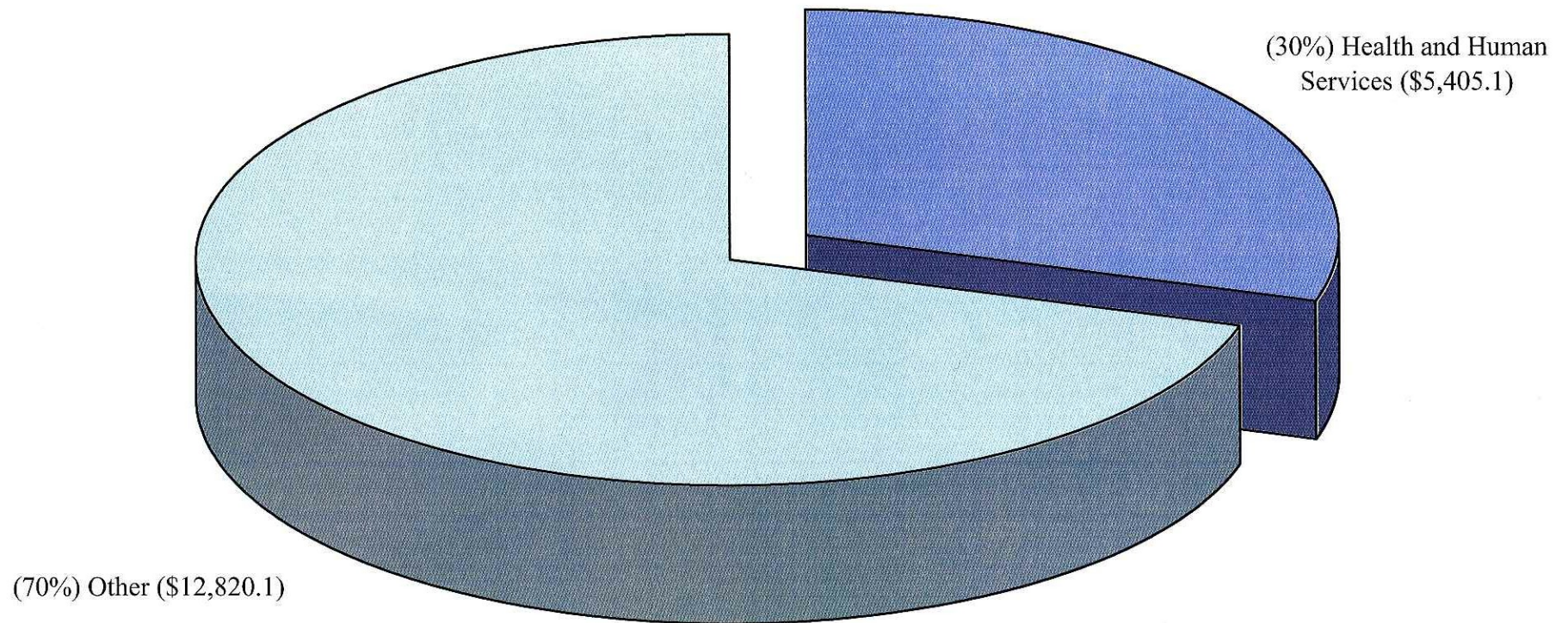
Revenues By Division

2008-2009 Biennium



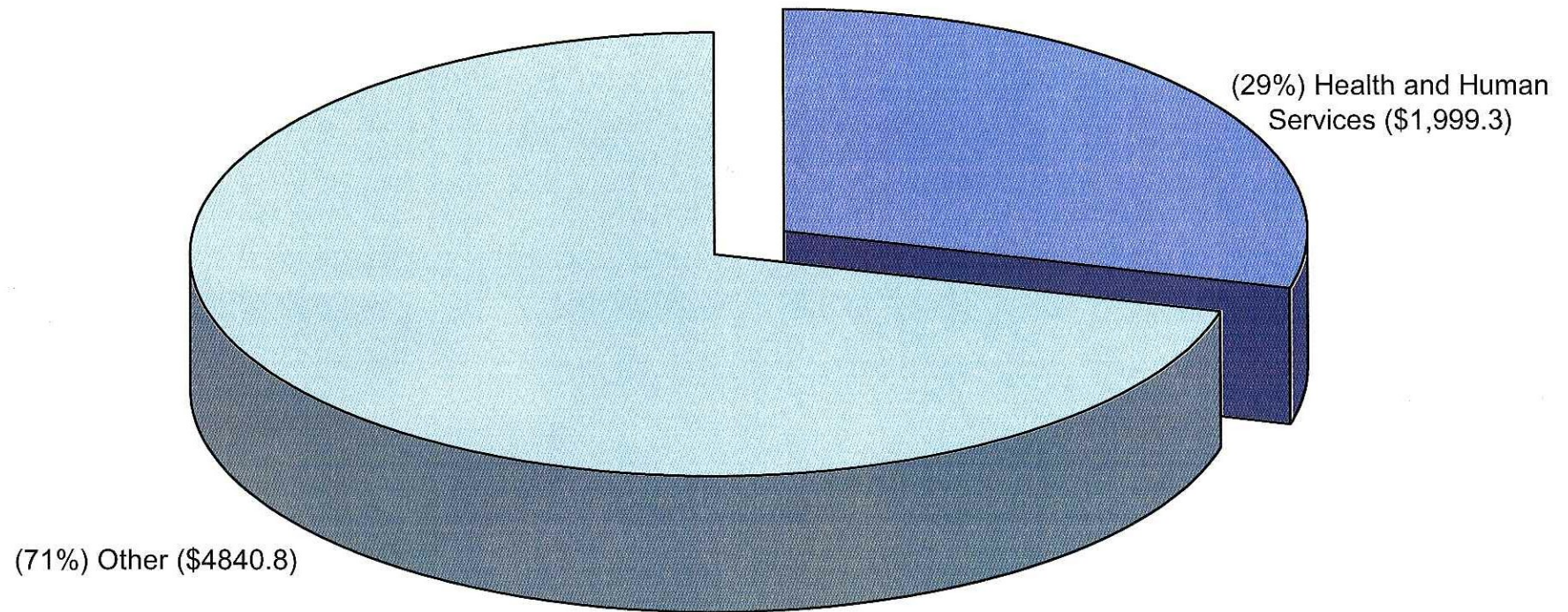
Total \$5,405,107,687

**State of Nevada
Total Expenditures
2008-2009 Governor's Recommended Budget
(millions of \$)**



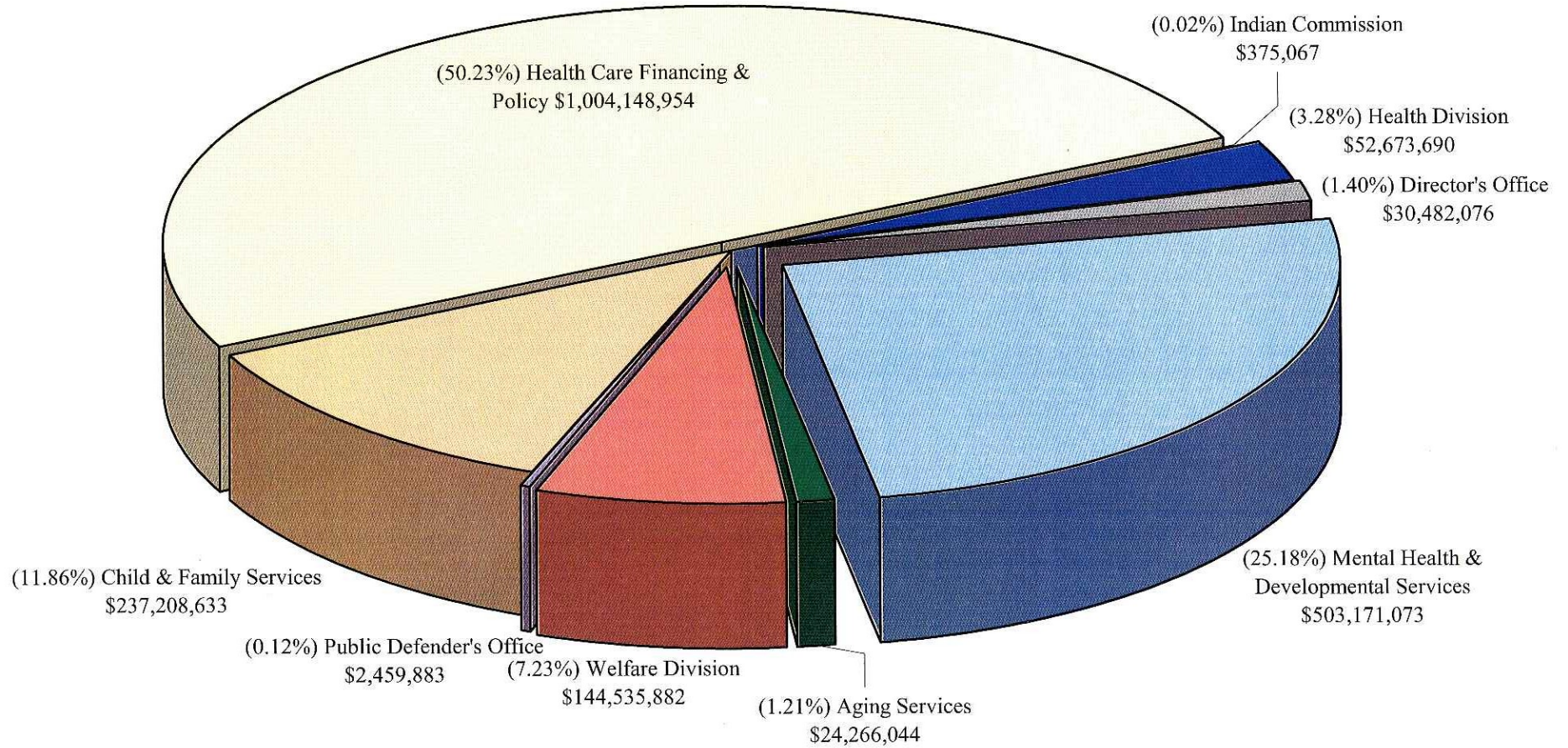
Total Expenditures \$18,225.2

**State of Nevada
General Fund Expenditures
2008-2009 Governor's Recommended Budget
(millions of \$)**



Total General Fund \$6,840.1

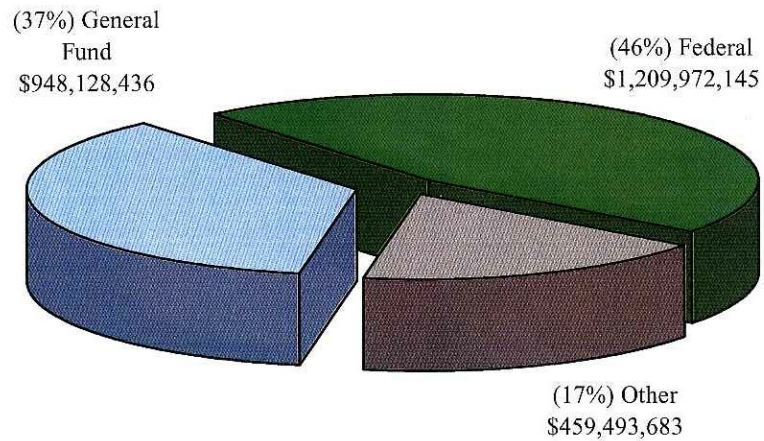
Department of Health and Human Services
General Funds By Division
2008-2009 Biennium



Total \$1,999,321,302

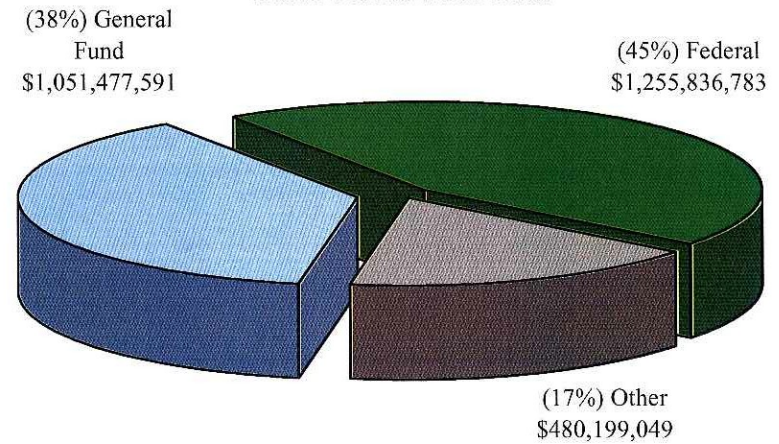
Department of Health and Human Services Budgeted Funding Sources

State Fiscal Year 2008



Total \$2,617,594,264

State Fiscal Year 2009



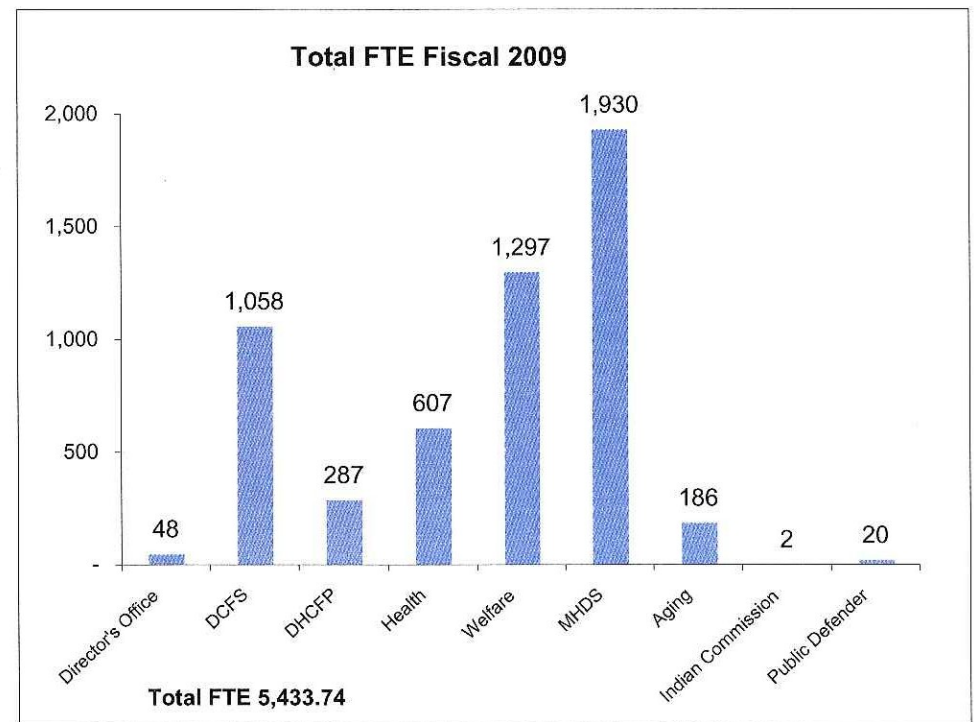
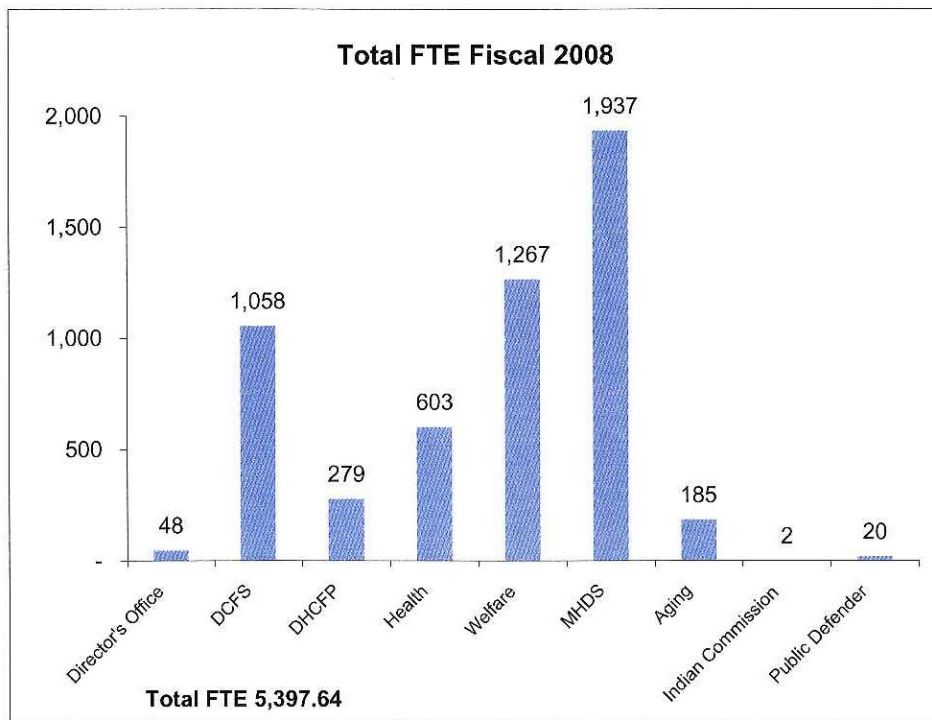
Total \$2,787,513,423

				Fiscal Year 2008				Fiscal Year 2009			
Department of Health and Human Services Budget Accounts: By Divisions				General Fund	Federal	Other	Total	General Fund	Federal	Other	Total
Agency Code	400	DIRECTOR'S OFFICE									
1	DHHS	3150	ADMINISTRATION	2,639,916	628,796	322,389	3,591,101	2,718,126	333,167	349,572	3,400,865
2	DHHS	3201	CHILDREN'S TRUST FUND	-	-	1,254,244	1,254,244	-	-	1,073,939	1,073,939
3	DHHS	3261	HEALTHY NV FUND ADMIN	455,630	-	14,573,858	15,029,488	1,561,438	-	14,518,431	16,079,869
4	DHHS	3154	DEVELOPMENTAL DISABILITIES	174,318	479,180	59,763	713,261	185,345	479,719	62,851	727,915
5	DHHS	3266	OFFICE OF COMMUNITY BASED SERVICES	7,121,359	346,353	4,258,418	11,726,130	7,693,511	355,846	3,269,395	11,318,752
6	DHHS	3195	GRANTS MANAGEMENT UNIT	3,675,073	17,150,615	8,621,365	29,447,053	4,523,471	17,172,519	8,466,771	30,162,761
7	DHHS	3200	PROBLEM GAMBLING	-	-	1,665,975	1,665,975	-	-	1,665,975	1,665,975
8	DHHS	3241	BCBS SETTLEMENT	-	-	-	-	-	-	-	-
Director's Office Total				13,984,609	18,604,944	30,837,699	63,427,252	16,497,467	18,341,251	29,591,358	64,430,076
Director's Office Biennial Total								30,482,076			127,857,328
Agency Code	400	INDIAN COMMISSION									
1	IC	2600	ADMINISTRATION	188,672	-	5,935	194,607	186,395	-	10,638	197,033
Indian Commission Biennial Total								375,067			391,640
Agency Code	400	STATE PUBLIC DEFENDER									
1	PD	1499	ADMINISTRATION	1,227,213	-	1,777,643	3,004,856	1,232,670	-	1,882,635	3,115,305
Public Defender Biennial Total								2,459,883			6,120,161
Agency Code	402	DIVISION OF AGING SERVICES									
1	DAS	2363	SENIOR CITIZEN PROPERTY TAX REBATE	5,833,187			5,833,187	6,310,709			6,310,709
2	DAS	3140	SENIOR INDEPENDENT LIVING - TOBACCO			5,120,888	5,120,888			6,155,601	6,155,601
3	DAS	3146	SENIOR SERVICES PROGRAM	1,846,452		9,486,709	11,333,161	1,970,322		10,345,734	12,316,056
4	DAS	3151	OLDER AMERICANS ACT	3,788,770	9,230,726	1,932,776	14,952,272	4,118,947	9,180,324	1,995,484	15,294,755
5	DAS	3252	HOMEMAKERS/EPS	378,934		3,259,980	3,638,914	515,733		3,259,980	3,775,713
Aging Services Total				11,712,152	9,230,726	19,935,544	40,878,422	12,553,892	9,180,324	22,118,618	43,852,834
Aging Services Biennial Total								24,266,044			84,731,256
Agency Code	406	HEALTH DIVISION									
1	HEALTH	3101	RAD HEALTH	-	389,764	3,140,411	3,530,175		348,358	3,588,383	3,936,741
2	HEALTH	3152	RADIOACTIVE HAZARDOUS WASTE			12,465,131	12,465,131			12,635,040	12,635,040
3	HEALTH	3153	CANCER CONTROL REGISTRY		617,133	558,241	1,175,374		617,133	558,569	1,175,702
4	HEALTH	3170	BUREAU OF ALCOHOL & DRUG ABUSE	MHDS			-				-
5	HEALTH	3190	VITAL STATISTICS	884,362	570,207	17,407	1,471,976	1,091,284	570,207	17,407	1,678,898
6	HEALTH	3194	CONSUMER HEALTH PROTECTION	1,021,474		1,698,423	2,719,897	1,076,919		1,808,122	2,885,041
7	HEALTH	3202	SETTLEMENT FUNDS	Not in Executive Budget			-				-
8	HEALTH	3203	ENVIRONMENTAL PUBLIC HEALTH TRACKING SYSTEM	Budget Closed			-				-
9	HEALTH	3204	OFFICE OF MINORITY HEALTH	122,101	155,853		277,954	128,871	155,853		284,724
11	HEALTH	3208	SPECIAL CHILDREN CLINIC	15,519,877	3,890,309	956,911	20,367,097	16,654,531	3,896,137	956,911	21,507,579
12	HEALTH	3210	HEALTH DIVISION GIFTS	Not in Executive Budget			-				-
13	HEALTH	3212	PUBLIC HEALTH TOBACCO FUND			990,976	990,976			990,092	990,092
14	HEALTH	3213	IMMUNIZATIONS	1,470,170	4,803,063	200,000	6,473,233	1,504,422	4,833,734	200,000	6,538,156
15	HEALTH	3214	WIC		31,461,280	13,269,632	44,730,912		32,725,560	13,269,632	45,995,192
16	HEALTH	3215	SEXUALLY TRANS DISEASE	1,880,317	10,910,691	174,511	12,965,519	1,877,914	10,974,998	174,511	13,027,423
17	HEALTH	3216	HEALTH FACILITIES LICENSE		2,020,733	10,570,848	12,591,581		1,777,799	11,068,065	12,845,864
18	HEALTH	3217	HEALTH FACILITIES - ADMIN. PENALTY	Not in Executive Budget			-				-
19	HEALTH	3218	HEALTH ALERT NETWORK		15,761,271		15,761,271		15,799,094		15,799,094
20	HEALTH	3220	COMMUNICABLE DISEASE CONTROL	813,032	4,581,319		5,394,351	815,630	4,609,812		5,425,442
21	HEALTH	3222	MATERNAL - CHILD HEALTH	1,296,483	3,047,908	2,747,598	7,091,989	1,317,968	3,066,855	2,830,384	7,215,207
22	HEALTH	3223	HEALTH ADMIN	692,445	252,738	4,189,857	5,135,040	730,674	252,738	4,335,807	5,319,219
23	HEALTH	3224	COMMUNITY HEALTH SERVICES	961,591	1,926,552	1,473,205	4,361,348	1,027,623	1,934,885	1,522,564	4,485,072
24	HEALTH	3225	SPECIAL APPROPRIATIONS	480,900			480,900	504,945			504,945
25	HEALTH	3235	EMERGENCY MEDICAL SERVICE	929,989		59,892	989,881	984,976		57,238	1,042,214
26	HEALTH	3255	TAX ON LIQUOR PROGRAM	MHDS			-				-
27	HEALTH	9406	HEALTH DIVISION	Not in Executive Budget			-				-
Health Total				25,754,586	80,388,821	52,831,198	158,974,605	26,919,104	81,563,163	54,809,378	163,291,645
Health Biennial Total								52,673,690			322,266,250

				Fiscal Year 2008				Fiscal Year 2009			
Department of Health and Human Services Budget Accounts: By Divisions				General Fund	Federal	Other	Total	General Fund	Federal	Other	Total
Agency Code 403	DIVISION OF HEALTH CARE FINANCING AND POLICY										
1	DHCFP	3155	HIFA Holding Account	3,156,133		3,156,132	6,312,265	3,938,372		3,938,373	7,876,745
2	DHCFP	3157	INTERGOVERNMENTAL TRANSFER PROGRAM			93,672,712	93,672,712			90,761,555	90,761,555
3	DHCFP	3158	ADMINISTRATION	1,511,381	20,207,398	2,353,411	24,072,190	1,813,481	20,549,686	2,295,702	24,658,869
4	DHCFP	3160	INCREASED QUALITY OF NURSING CARE			21,247,790	21,247,790			20,669,346	20,669,346
5	DHCFP	3178	NEVADA CHECK - UP	10,794,256	33,720,449	2,743,157	47,257,862	12,112,965	35,199,328	2,869,810	50,182,103
6	DHCFP	3243	MEDICAID PROGRAMS	456,483,342	729,917,332	138,748,851	1,325,149,525	515,069,297	753,996,532	148,867,414	1,417,933,243
7	DHCFP	3247	HIFA MEDICAL		11,923,230	5,840,867	17,764,097		14,470,401	7,345,370	21,815,771
			DHCFP Total	471,720,335	795,768,409	267,987,697	1,535,476,441	532,428,619	824,215,947	277,253,066	1,633,897,632
			DHCFP Biennial Total					1,004,148,954			3,169,374,073
Agency Code 408	DIVISION OF MENTAL HEALTH & DEVELOPMENTAL SERVICES										
1	MHDS	3159	FOOD SERVICE - SOUTH	-	-	2,023,919	2,023,919	-	-	2,106,503	2,106,503
2	MHDS	3161	SNAMHS	91,345,466	7,477,247	7,159,345	105,982,058	97,912,668	7,797,206	7,366,975	113,076,849
3	MHDS	3162	NMHI	35,351,731	2,327,632	2,236,296	39,915,659	40,599,944	2,438,508	2,304,065	45,342,517
4	MHDS	3164	MENTAL HEALTH INFORMATION SYSTEMS	1,502,938	141,525	89,328	1,733,791	1,554,652	145,798	106,367	1,806,817
5	MHDS	3166	DS HOME CARE (FPP)	2,315,998	-	-	2,315,998	2,569,272	-	-	2,569,272
6	MHDS	3167	DS RURAL	10,344,513	6,166,305	-	16,510,818	11,743,688	6,875,109	-	18,618,797
7	MHDS	3168	ADMINISTRATION	3,597,682	4,170,568	588,554	8,356,804	3,750,669	4,242,338	650,089	8,643,096
8	MHDS	3170	SAPTA	8,620,080	17,601,313	200,714	26,422,107	11,174,661	16,891,728	178,495	28,244,884
9	MHDS	3172	SNAMHS GIFT FUND	-	-	-	-	-	-	-	-
10	MHDS	3255	ALCOHOL TAX PROGRAM	-	-	1,403,067	1,403,067	-	-	1,384,440	1,384,440
11	MHDS	3279	SNMRS (DRC)	46,188,241	32,085,474	217,325	78,491,040	57,245,243	36,032,143	217,325	93,494,711
12	MHDS	3280	NNMRS (SRC)	21,189,664	14,319,970	61,277	35,570,911	23,312,086	15,141,535	21,208	38,474,829
13	MHDS	3287	HOSPITAL GIFT FUND				-				-
14	MHDS	3288	NNMRS GIFT FUND								
15	MHDS	3297	DESERT REGIONAL CENTER GIFT FUND								
16	MHDS	3645	LAKES CROSSING (FACILITY FOR MENTAL OFFENDER)	9,976,606		162,327	10,138,933	10,692,357		162,327	10,854,684
17	MHDS	3648	MH RURAL	14,188,933	1,548,276	1,336,367	17,073,576	15,117,021	1,660,888	1,415,706	18,193,615
			MHDS Total	238,281,376	85,838,310	21,818,995	345,938,681	264,889,697	91,225,253	26,696,064	382,811,014
			MHDS Biennial Total					503,171,073			728,749,695
Agency Code 407	WELFARE AND SUPPORTIVE SERVICES DIVISION										
1	WELF	3228	WELFARE ADMINISTRATION	7,700,815	20,702,249	348,860	28,751,924	8,021,713	20,781,956	348,860	29,152,529
3	WELF	3230	TANF	24,607,852	19,310,062		43,917,914	24,607,852	21,696,649		46,304,501
4	WELF	3232	ASSISTANCE TO AGED & BLIND	6,878,569			6,878,569	7,057,110			7,057,110
5	WELF	3233	FIELD SERVICES	23,882,526	42,057,267		65,939,793	25,529,818	46,238,644		71,768,462
6	WELF	3238	CHILD SUPPORT ENFORCEMENT	-	5,567,969	5,727,935	11,295,904	-	5,752,257	6,601,024	12,353,281
7	WELF	3239	HR. COLL & DIST ACCOUNT		21,152,053	3,902,402	25,054,455		23,290,246	3,749,196	27,039,442
8	WELF	3267	CHILD CARE	9,033,701	42,533,370		51,567,071	9,033,701	40,595,230		49,628,931
9	WELF	3290	WELFARE GIFT FUND				-				-
10	WELF	4862	LIHEAP		6,433,239	12,287,591	18,720,830		6,465,431	12,367,351	18,832,782
11	WELF	6028	COLLECTION & DISTRIBUTION ACCOUNT (PASS THROUGH)				-				-
12	WELF	6031	UNIVERSAL ENERGY (PASS THROUGH)				-				-
			Welfare Total	71,661,901	157,756,209	22,708,350	252,126,460	72,873,981	164,820,413	24,442,644	262,137,038
			Welfare Biennial Total					144,535,882			514,263,498

				Fiscal Year 2008				Fiscal Year 2009			
Department of Health and Human Services Budget Accounts: By Divisions				General Fund	Federal	Other	Total	General Fund	Federal	Other	Total
Agency Code 409	DIVISION OF CHILD AND FAMILY SERVICES										
1	DCFS	1383	PROBATION SUBSIDIES (JUVENILE JUSTICE)	729,205	-	2,047,198	2,776,403	729,205	-	2,039,155	2,768,360
2	DCFS	3141	WASHOE COUNTY INTEGRATION	13,015,349	12,138,846	851,649	26,005,844	14,884,776	12,999,885	851,649	28,736,310
3	DCFS	3142	CLARK COUNTY INTEGRATION	35,890,759	24,405,383	3,464,367	63,760,509	41,360,034	26,955,248	3,475,617	71,790,899
4	DCFS	3143	UNITY/SACWIS	3,384,591	2,723,399	252,161	6,360,151	3,534,418	2,829,240	266,508	6,630,166
5	DCFS	3145	ADMINISTRATION	4,562,488	3,248,899	9,787,564	17,598,951	4,912,037	3,356,266	9,795,730	18,064,033
6	DCFS	3147	YOUTH ALTERNATIVE PLACEMENT	1,403,005	-	1,822,489	3,225,494	1,403,005	-	1,822,489	3,225,494
7	DCFS	3148	JUVENILE CORRECTIONAL FACILITY	7,533,607	-	221,786	7,755,393	8,007,652	-	221,881	8,229,533
8	DCFS	3149	CHILD CARE SERVICES	76,833	-	959,918	1,036,751	77,092	-	1,014,280	1,091,372
9	DCFS	3179	CALIENTE YOUTH CENTER	7,922,849	-	236,593	8,159,442	8,448,827	-	236,593	8,685,420
10	DCFS	3181	VICTIMS OF DOMESTIC VIOLENCE	-	-	3,480,137	3,480,137	-	-	3,436,478	3,436,478
11	DCFS	3229	YOUTH COMMUNITY SERVICES	6,404,235	7,793,237	4,393,778	18,591,250	7,543,596	8,164,357	4393778	20,101,731
12	DCFS	3242	CHILD WELFARE TRUST	-	-	841,312	841,312	-	-	823,471	823,471
13	DCFS	3250	TRANSITION FROM FOSTER CARE	-	-	2,525,679	2,525,679	-	-	2,332,882	2,332,882
14	DCFS	3251	CHILD DEATH REVIEWS	-	-	272,437	272,437	-	-	270,377	270,377
15	DCFS	3259	NV. YOUTH TRAINING CTR.	10,289,250	-	452,519	10,741,769	10,869,935	-	452,519	11,322,454
16	DCFS	3262	JUVENILE ACCT. BLOCK GRANT	-	-	-	-	-	-	-	-
17	DCFS	3263	YOUTH PAROLE	6,151,895	-	105,193	6,257,088	6,299,493	-	105,193	6,404,686
18	DCFS	3271	CHILD ABUSE & NEGLECT	-	-	-	-	-	-	-	-
19	DCFS	3277	NYTC - FARM	Not in Executive Budget			-	-	-	-	-
20	DCFS	3278	WRAPAROUND IN NEVADA	3,030,204	-	2,088,432	5,118,636	3,347,627	-	2,156,453	5,504,080
21	DCFS	3281	NNCAS	3,731,375	2,583,672	2,155,346	8,470,393	3,971,153	2,567,566	2,155,346	8,694,065
22	DCFS	3285	OBS WASHOE GIFT FUND	Not in Executive Budget			-	-	-	-	-
23	DCFS	3292	HENRY WOODS CHRISTMAS FUND	Not in Executive Budget			-	-	-	-	-
24	DCFS	3293	NV. CHILDREN'S GIFT FUND	Not in Executive Budget			-	-	-	-	-
25	DCFS	3295	CALIENTE YOUTH CENTER GIFT FUND	Not in Executive Budget			-	-	-	-	-
26	DCFS	3296	YOUTH TRAINING CENTER GIFT FUND	Not in Executive Budget			-	-	-	-	-
27	DCFS	3646	SNCAS	11,091,242	9,491,290	4,012,769	24,595,301	12,019,696	9,617,870	4,031,469	25,669,035
			DCFS Total	113,526,976	62,384,726	41,661,238	217,572,940	123,681,657	66,490,432	43,608,757	233,780,846
			DCFS Biennial Total					237,208,633			451,353,786
			Department of Health and Human Services Total	948,057,820	1,209,972,145	459,564,299	2,617,594,264	1,051,263,482	1,255,836,783	480,413,158	2,787,513,423
			Biennial Total					1,999,321,302	2,465,808,928	939,977,457	5,405,107,687

Department of Health and Human Services FTE By Division



Department of Health and Human Services
 Senior Rx Program - Non-Medicare Eligible
 Projected Participants

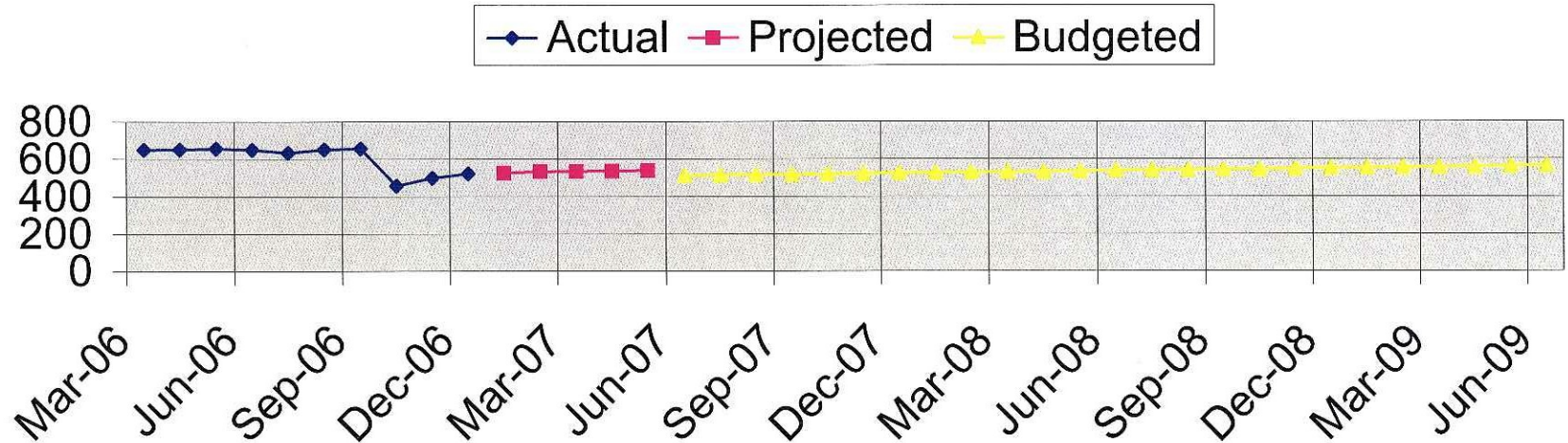
Senior Rx Traditional Enrollment

Fiscal Year		July	August	September	October	November	December	January	February	March	April	May	June
2006	Actual	8,741	8,481	8,109	8,621	8,866	8,884	8,764	8,819	650*	652	658	650
2007	Actual / Projected	634	652	658	457**	500	523	525	532	534	536	538	512
2008	Projected	514	516	518	520	522	525	527	529	531	533	535	538
2009	Projected	540	542	544	546	548	551	553	555	557	559	561	564

* March 2006 is the month that separate benefit groups were formed for "traditional" and Medicare members.

**Large drop due to late identification of Medicare-eligible members.

Senior Rx - Non-Medicare Eligible - Projected Participants



Department of Health and Human Services
 Senior Rx Program - Medicare Eligible Members
 Projected Participants

End of month enrollment

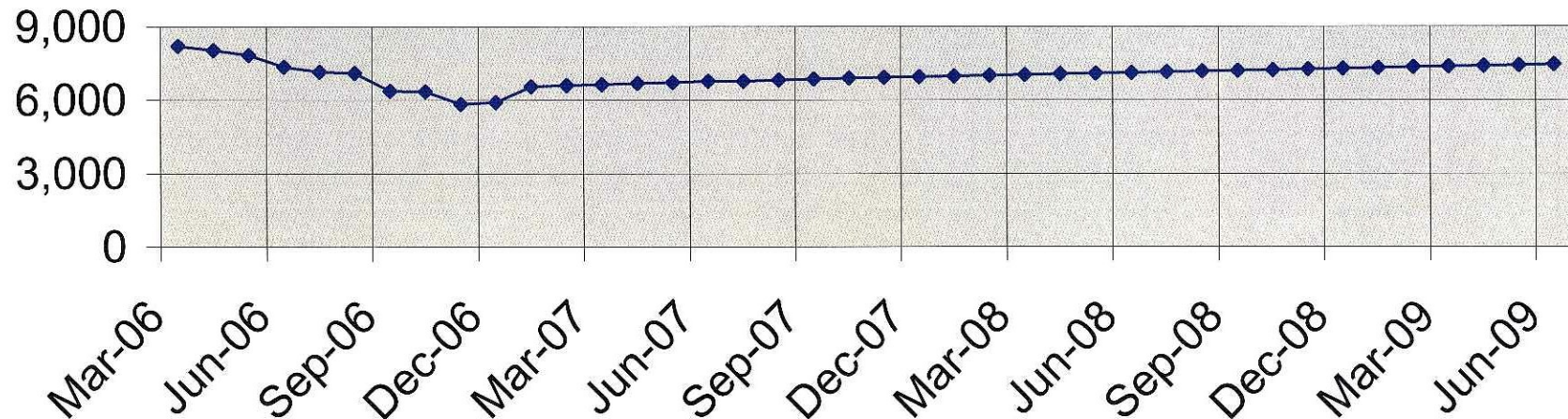
Fiscal Year		<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
2006	Actual									8,218*	8,037	7,847	7,372
2007	Actual	7,166	7,121	6,387	6,361	5,847	5,923	5,966	6,009	6,052	6,095	6,138	6,777
2008	Projected	6,777	6,825	6,860	6,895	6,925	6,951	6,980	7,009	7,038	7,067	7,096	7,126
2009	Projected	7,154	7,182	7,210	7,238	7,266	7,294	7,322	7,350	7,378	7,406	7,434	7,466

* March 2006 is the month that separate benefit groups were formed for non-Medicare eligible members and Medicare eligible members.

Enrollment in the Medicare eligible group has declined steadily primarily due to attrition of members receiving full federal low-income subsidy benefits.

New members are not eligible for those benefits.

Senior Rx - Medicare Eligible - Projected Participants

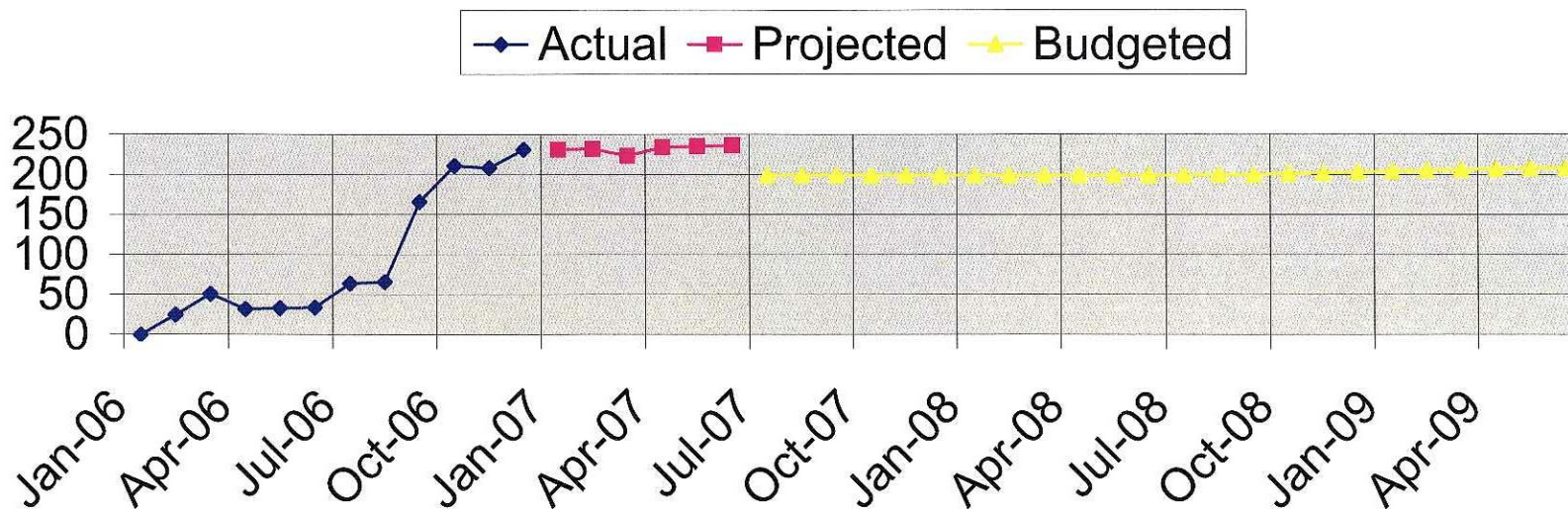


Department of Health and Human Services
 Disability Rx Program - Non-Medicare Eligible
 Projected Participants

End of month enrollment

Fiscal Year		<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
2006	Actual							0	25	51	32	33	34
2007	Actual	64	66	166	211	208	231	231	231	233	234	235	236
2008	Projected	199	199	199	199	199	199	199	199	199	199	199	199
2009	Projected	199	200	200	201	202	203	204	205	206	207	208	208

Disability Rx - Non-Medicare Eligible - Participants

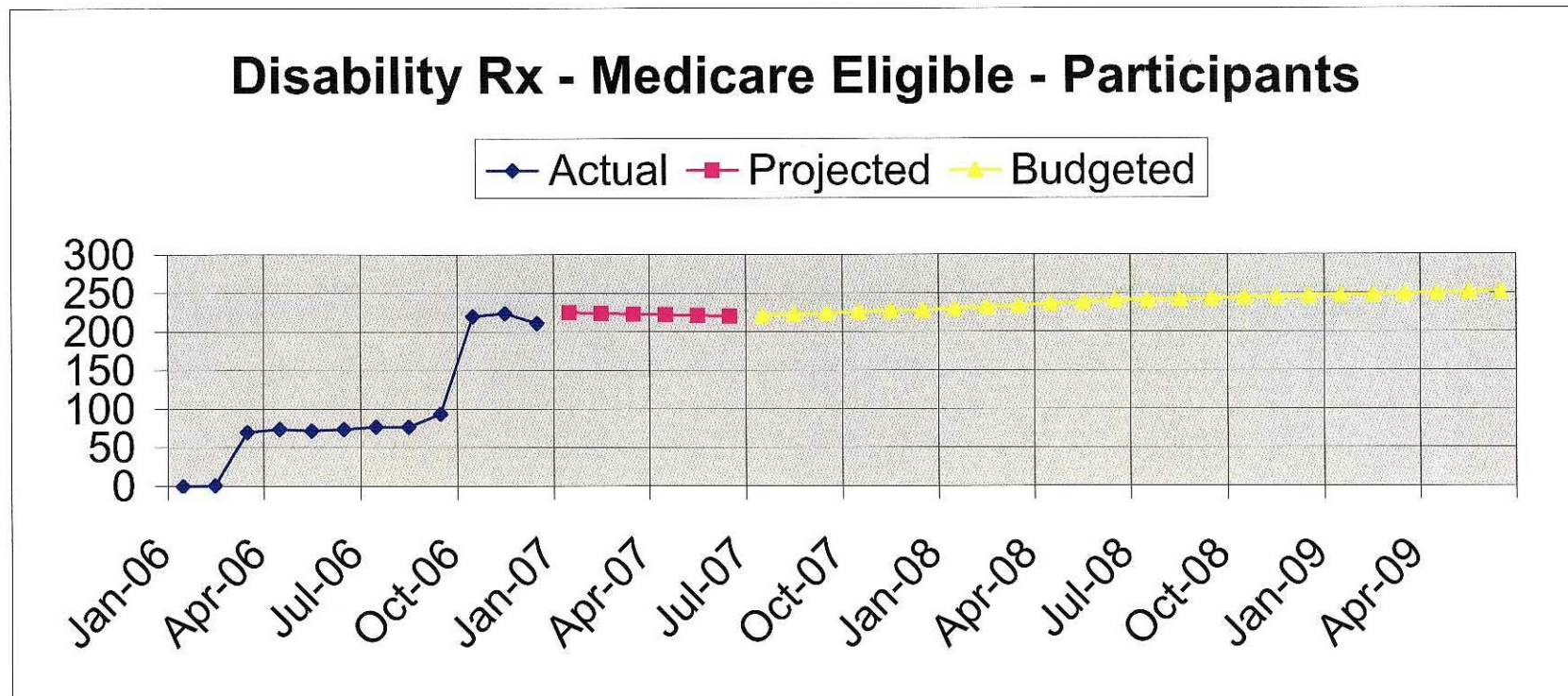


Waiting list taken to zero.

Department of Health and Human Services
Disability Rx Program - Medicare Eligible
Projected Participants

End of month enrollment

Fiscal Year		<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
2006	Actual							0	1	70	74	72	74
2007	Actual	77	77	94	220	224	211	225	224	223	222	221	220
2008	Projected	221	223	224	226	227	228	230	232	234	236	238	241
2009	Projected	241	242	243	244	245	246	247	248	249	250	251	252

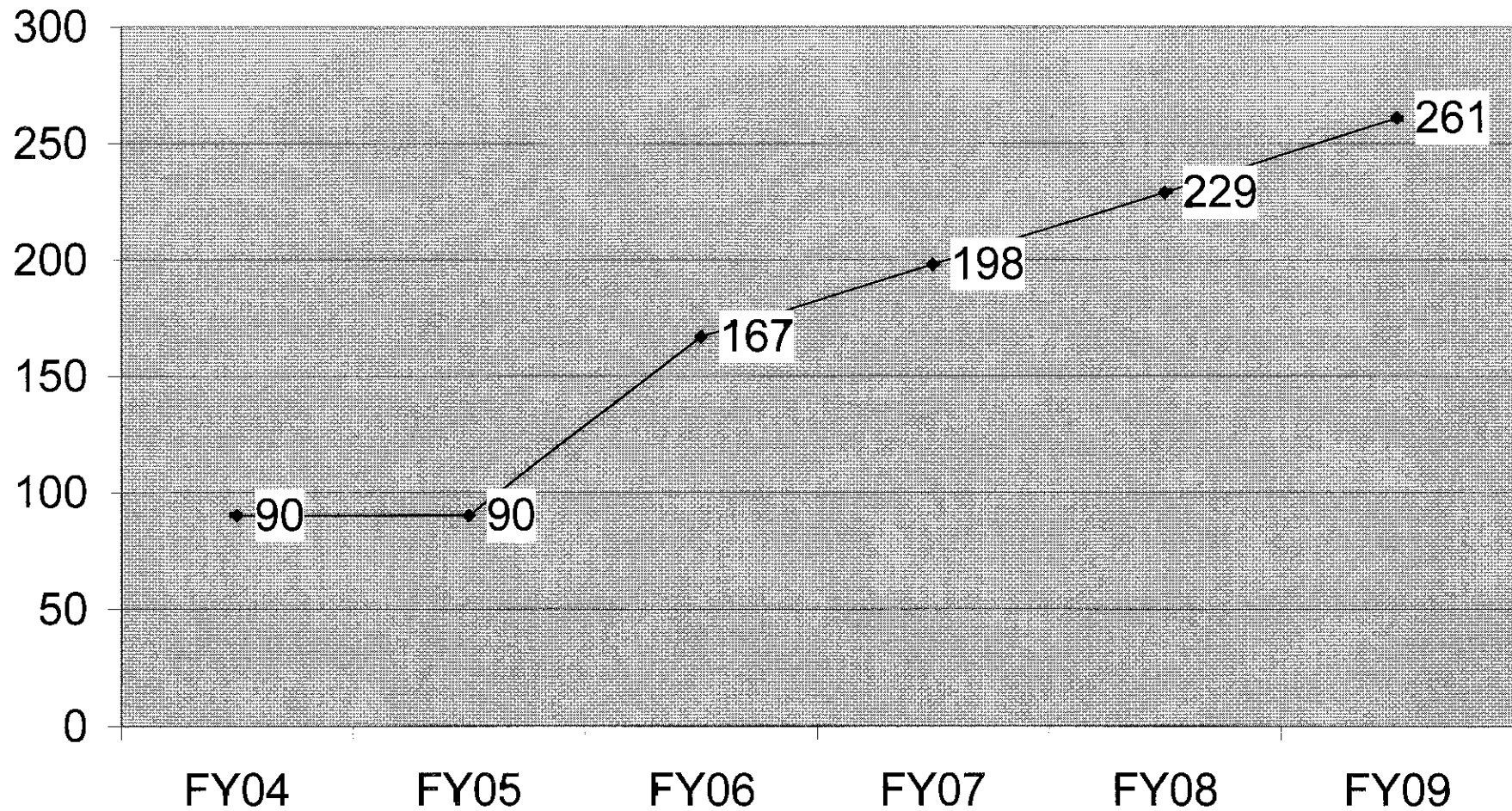


Waiting list taken to zero.

ODS Personal Assistance Services

People Served

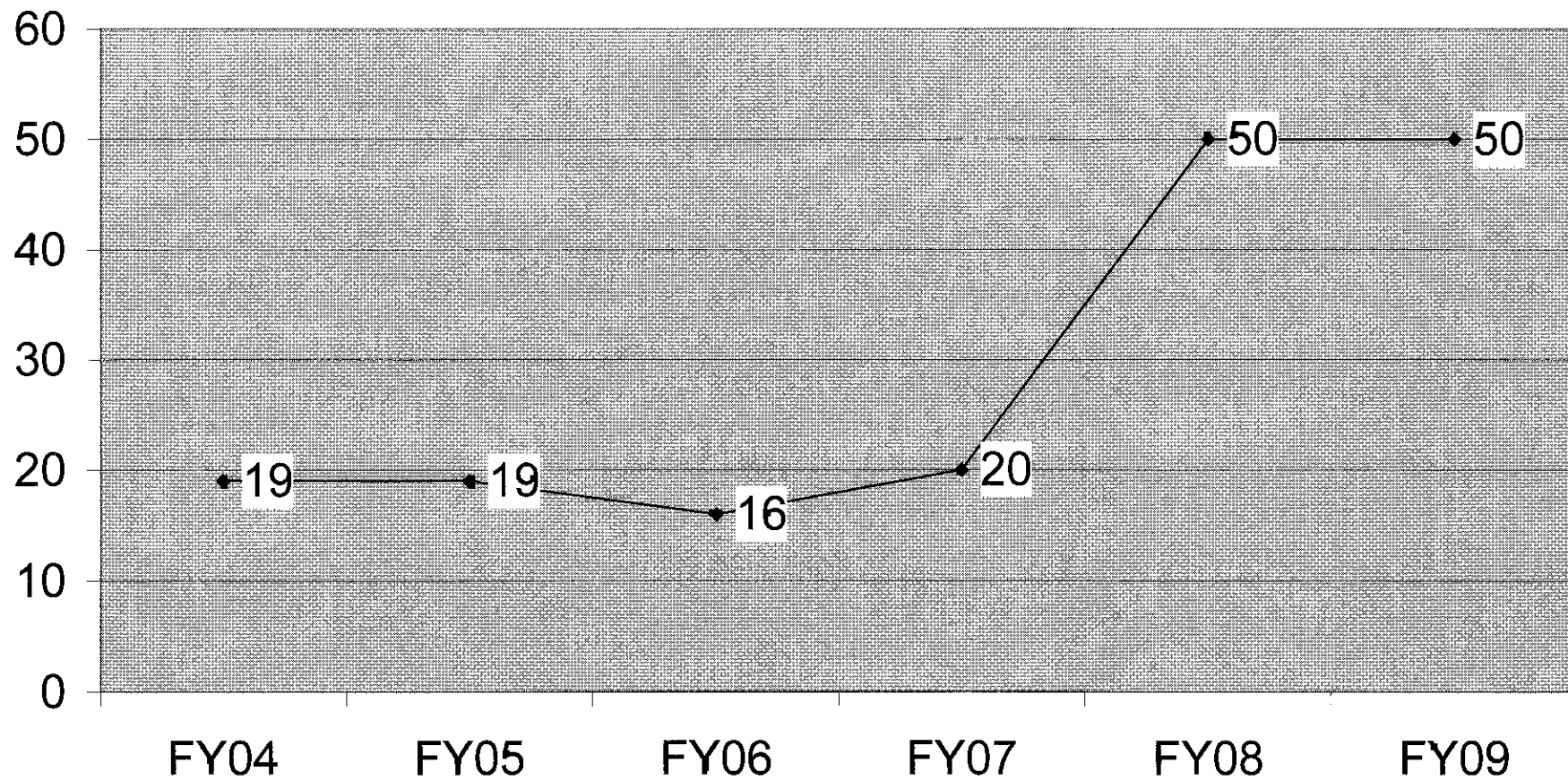
Proposed



ODS Traumatic Brain Injury Rehabilitation Services

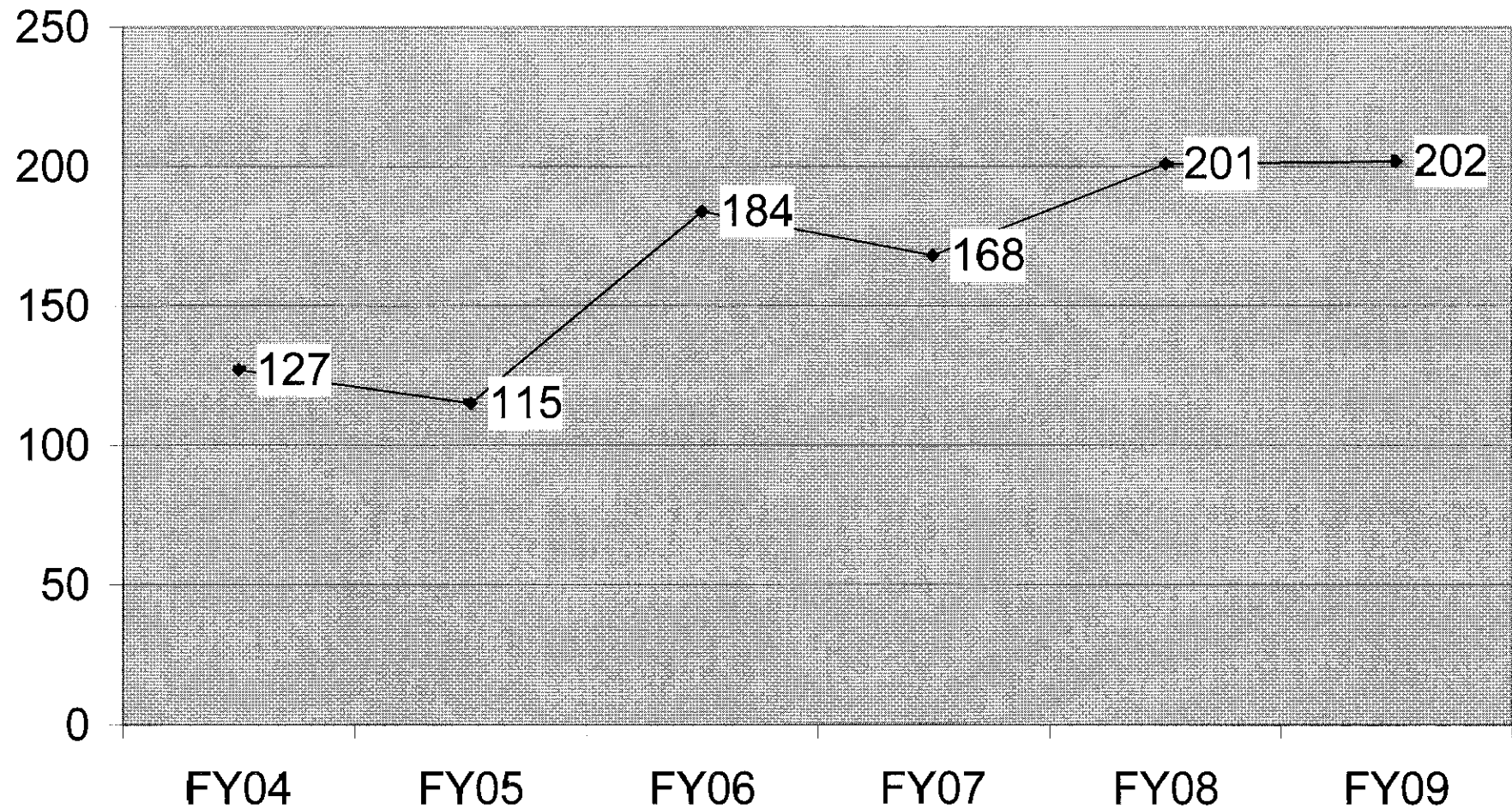
People Served

Proposed



ODS Independent Living Services People Served

Proposed



Nevada Demographics/Key Comparisons

January 22, 2007

POPULATION/DEMOGRAPHICS

- Nevada has been the **fastest growing state** in rate of population growth for **nineteen consecutive years** from **1987-2005** but was supplanted by Arizona July 1, 2006 (*U.S. Census, Press Release, Dec 22, 2005, CB05-187; and U.S. Census, Press Release, Dec 22, 2006, CB-06-187*)
- Nevada has been the **fastest growing state** in rate of population growth for the **last five consecutive decennial censuses**, 1960-2000 (*U.S. Census, Statistical Abstract of the United States, 2004-2005, Table HS-5. Percent Change 1900 to 2004*)
- **Nevada** will continue to be the **fastest growing state** in rate of population growth **to 2030**, increasing **114.3% from 2000 to 2030** (*U.S. Census, Population Division, Interim State Population Projections, Table 1., 2005*)
 - **By 2030**, Nevada's projected population will be **4,282,102**
 - This growth will boost Nevada from **35th to 28th** in population nationwide
 - Nevada will be a **mid-size** state rather than a small state
- Nevada's July 1, 2006 **population was 2,624,115** (*Nevada State Demographer, Aug 2006*)
 - **By Age:** 0-4 = **7%**; 5 = **1.4%**; 6-18 = **18 %**; 19-64 = **62%**; 65+ = **11.3%**
65-74 = 6.6%; 75-84 = 3.7%; 85+ = 1.0%
 - **By Race/Ethnicity:** Caucasian, not of Hispanic Origin (NHO) **61%**; African American (NHO) **7.0%**; Native American, Eskimo or Aleut (NHO) **1.3%**; Asian or Pacific Islander (NHO) **6.5%**; Hispanic, any race **24%**
 - Nation's minority population **33%** (*U.S. Census 2006*)
 - Nevada's minority population **39%** (*NV State Demographer, Aug 2006*)
 - **By Gender:** Males **50.8%**; Females **49.2%**
 - **By County:** Clark **72.1%**; Washoe **15.5%**; Rurals **12.4%**

EMPLOYMENT

- Nevada's current **unemployment rate** is below the national average. In November 2006, Nevada's rate was **4.2%** compared to the U.S. rate of **4.5%**. (*Nevada Department of Employment, Training and Rehabilitation (NDETR), Jan 4, 2007*)
- Nevada's 2006 average unemployment rate of **4.1%** was below the national rate of **4.6%** (*NDETR, Jan 2007*)

POVERTY

- The 2006 Health and Human Services poverty guideline for one person at 100% of **poverty is \$9,800 per year**, and \$20,000 for a family of four. (*Federal Register, Feb 2006*)
- **Total population poverty rate and ranking** for **2005** Nevada and the U.S. are: **Nevada 10.6% (33rd)**; U.S. **12.6%** (*U.S. Census, 2005, POV46, August 2006*)
- **Children's poverty rate and rankings**: 1990 14.6% (13th); 2003 = 13.7% (27th); 2004 = 14.8% (24th); 2005 = 13.8% (19th); **2006 = 13.4 (15th)** (*United Health Foundation, 2004-06; and U.S. Census for 2003*)
- All persons in **female-headed households with children, no husband, below 200% poverty**: **2005 = 61.8%** (*U.S. Census, 2006*)
- **Older persons 65+ below 200% poverty**: **Nevada 36.6%**; **U.S. 36.8%** (*U.S. Census, 2006*)
- Older women in Nevada are substantially more impoverished than Nevada's older men
 - **73.4%** of all women in Nevada ages 62+ had annual incomes less than \$19,999 compared to **39.5%** of all men ages 62+ (*both of above, U.S. Census, 2004 for 2000 data, Special Query*)
- Nevada's Working Poor Families
 - The definition of a working poor family is one with:
 - ✓ One or more children
 - ✓ At least one member working or actively seeking work
 - ✓ Having a family income of 200 percent of poverty or less

- **31.5%** of Nevada's working families are working poor – Nevada ranks **33rd**
- **39%** of Nevada's children are in working poor families – Nevada ranks **40th**
- **44.7%** of Nevada's minority working families are working poor families – Nevada ranks **32nd** (all of above from Annie E. Casey and Rockefeller Foundation, 2004, latest data available as of Jan 4, 2007)

CHILDREN

- Economic security: Nevada's children living in families where no parent has full-time year round employment is **deteriorating** in national rankings, from **11th** in 1996 to **36th** in 2004, and the rate is **deteriorating** from **23%** in 1996 to **36%** in 2004 (*Kid's Count, 2006*)
- More children live in households headed by a single parent: Nevada's rate **increased** from **27%** in 1996 to **31%** in 2004
 - Nevada's ranking remained the same, **29th** (*Kid's Count, 2006*)

Medicaid spending improves children's lives:

- In a comparison of the 50 states, for every increase of \$100 Medicaid expended per child, the child death rate was reduced by 1.9% (*Kristen Harknett, "Are Public Expenditures Associated with Better Child Outcomes in the U.S.?" 2005*)
- Child Welfare: All fifty states have participated in a **Child and Family Service Review**. The states' strengths and weaknesses were identified. The review measured **safety, permanency and well-being of kids**.
 - Nevada ranked **39th** in our ability to ensure that children served by the child welfare system **receive adequate services to meet their physical and mental health needs**
 - Nevada ranked **50th** in **keeping children safe** in their homes whenever possible and appropriate
 - Nevada ranked **43rd** in helping families have enhanced **capacity to provide for their children's needs**

SENIORS

- While Nevada's 2000 population **aged 65+ is proportionately less than the national average**, 11.0 and 12.4 respectively, **since 2000 those aged 65+ have been increasing at a faster rate in Nevada than any other state** (*U.S. Census, "Annual Estimates of the Resident Population by Selected Age Groups . . . , July 1 2003 and April 2, 2000"*)

- **Nevada's 65+ population will increase more than any other state, 264.1%, from 2000 to 2030**

[U.S. Census Bureau, Population Division, Table 4: Interim Projections: "Change in Total Population and Population 65 and Older, by State; 2000 to 2030," Internet release: April 21, 2005]

Percent and Rank of Population Age 65 and Older: 2000, 2010, 2030

	2000	2010	2030
U.S.	12.4%	13.0%	19.7%
Nevada	11.0% - rank 45 th	12.3% - rank 41 st	18.6% - rank 37 th

(U.S. Census Bureau, Population Division," Table 3: Interim Projections: Ranking of States by Projected Percent of Population Age 65 and Older: 2000, 2010, and 2030," Internet release: April 21, 2005.)

- Of Nevadans ages 65+, **36.6%** were under 200% of poverty in 2005 (U.S. Census Bureau, POV46, Aug 29, 2006)
- Of 214,065 seniors in Nevada, **40.6** percent had some disability (U.S. Census, 2000)
- Nursing Facility Residents, 2002:

Nursing Facility Residents

Number

Percent of 65+ Population

Nevada

4,200

1.7%

U.S.

1,346,686

3.8%

(U.C. San Francisco Study, 2003)

DISABILITY

- Estimates show there are **262,483 Nevadans** over the age of 5 years with **disabilities** in 2005 (mental and physical) representing **11.9% of the population** (U.S. Census, 2005 Community Survey, Data Profile Highlights)
 - **The U.S. average is 14.9%** (U.S. Census, 2005 Community Survey, Data Profile Highlights)
- Disability population in Nevada **increased by 157%** between 1990 and 2000, while that of the **nation decreased by 2%** in the same period (Nevada's Strategic Plan for People with Disabilities, 2002)
- **170,000** Nevadans have some level of hearing loss
 - **2006 monthly average** calls made thru **Relay Nevada** was **28,022** (CY2006 Monthly Traffic Report, Sprint to ODS)

- **Developmental Services:**

- **Community Waiver Expenditures:** Per Capita **\$15.00**; national average **\$54.00**; FY03 ranking **48th**
- **Family Support Expenditures:** Per Family **\$1,378**; national average **\$5,005**; FY03 ranking **34th**
- **Fiscal Effort** for all Services, Expenditures per \$100,000 of State Income: Nevada **\$1.28**; national average **\$4.11**; FY03 ranking **51st**
 - ✓ Fiscal Effort for Community Services, Expenditures per \$100,000 of State Income: Nevada **\$1.00**; national average **\$3.28**; FY03 ranking **51st**
 - ✓ Fiscal Effort for Institutional Services, Expenditures per \$100,000 of State Income: Nevada **\$0.27**; national average **\$0.83**; FY03 ranking **38th** (*all of above from State of States, 2005*)

HEALTH

- Nevada's overall ranking from the Annie E. Casey Foundation's 10 infant, children and teen indicators has **weakened** over time from **35th** in 1996 **to 36th** in 2006
- **Low birth weight babies:** Nevada's rate has **deteriorated** from **7.5%** of all live births in 1996 to **8.1%** in 2003
 - Nevada's ranking also **deteriorated** from **25th** in 1996 **to 26th** in 2003
- **Infant mortality rate:** Nevada's rate **improved** from **6.2** deaths per 1,000 live births in 1996 to **5.7** in 2003
 - Nevada's ranking **remained stable at 13th**
- **Child death rate:** Nevada's rate **improved** from **30** deaths per 100,000 children ages 1-14 in 1996 **to 19** in 2003
 - Nevada's ranking **improved** from **34th** **to 11th**

- **Teen birth rate:** Nevada's teen birth rate **improved** from **63** births per 1,000 females ages 15-19 in 2000 to **53** in 2003
 - Nevada's ranking **improved** from **44th to 41st** (*all of above from Kid's Count, 2006*)
- **Prevalence of smoking**, rates and rankings: **improved**, 1990 **35.7%** (**50th**); 2003 **26.0%** (**38th**); 2004 **25.2%** (**37th**); 2005 **23.2%** (**35th**); 2006 **23.1%** (**39th**)
- **Obesity**, rates (**mixed**) and rankings (**improved**) from **12.5%** (**36th**) in 1990 to **21.2%** in 2004 (**18th**); 2005 **21%** (**11th**); 2006 **21.2%** (**8th**)
- **Infectious diseases**, rates and rankings, per 100,000 population, have **improved** from **49.8%** (**43rd**) in 1990 to **22.7%** (**34th**) in 2004; 2005 **23%** (**33rd**); 2006 **19.6%** (**32nd**) (*all of the above from United Health Foundation, 2006*)
- **Immunizations:** Nevada's immunization rate for two-years olds **trend is mixed** from **64.1%** in 2002 compared to **76.3%** nationally; and in **2003, 78%** for Nevada compared to 82% nationally; but **fell** to **71%** in 2004 compared to 84% nationally (*Kid's Count, 2006*)
- **Suicide:**
 - Nevada's 2004 suicide rate is **18.5 per 100,000 population** (*NVHD, Ctr for Health Data and Research*)
 - ✓ The 2004 national rate was **10.9** (*NIMH, Jan 5, 2007*)
 - ✓ Nevada's rate has been **85% - 100%** higher than the national average for the last several decades
 - **Suicide is the 6th leading cause of death in Nevada** and the **11th leading cause** of death in the **U.S.** in 2004
 - **Nationally, 3rd leading cause for young** (*both of above from American Assoc of Suicidology, Dec 15, 2006*)
 - ✓ **Nevada, 3rd for those aged 15-24 and 25-34**

Nevada's senior suicide rate, ages 60+, is not only the **highest** in the nation but is more than **double** that of the national average and has been for the last several decades (*both of above from CDC, WISQARS, via DHHSDO, Office of Suicide Prevention*)

 - **Nevada's rate for Caucasians is often more than double the rate for minorities with the exception of Native Americans** (*NV DHHSDO Office of Suicide Prevention, Jan 2007 based on CDC and the Nevada State Health Division data*)

- 2005 Nevada **TEEN attempted** suicides requiring treatment by a doctor or nurse:
 - ✓ Females: 3.8% Nevada ranks 5th highest nationally –Maine lowest at 1.1%
 - ✓ Males: 2.8%, Nevada ranks 12th highest nationally –Colorado ranks lowest at 0.6%
(2005, CDC Youth Risk Behavior Survey)

- **Mental Health**

- Nevada's FY04 prevalence rate for Serious Mental Illness (SMI) and Severe Emotional Disturbance (SED) is **4.3%**
 - ✓ An estimated **92,563** Nevadans are SMI/SED
 - ✓ Unmet need: An estimated 31,969 children and adults did not receive services (*MHDS 2004 Prevalence Study*)
- Nevada's per capita spending for all MH in FY04 was **\$54.45** compared to the national average of **\$98.00**
 - ✓ Nevada ranked **41st** nationally in 2004 (*State Profiles and Expenditures, NASMHPG-Research Institute*)
- Children and youth ages 17 and under make up 22.5% of all Mental Health and Developmental clients in Nevada
- In calendar year 2006, 1,525 children ages 17 and under received mental-health services in Nevada Rural Clinics (*NV MHDS, Biennial report, 2006*)

MEDICAL CARE

- Medicaid programs have long had an institutional bias
 - Medicaid Home and Community Based Services spending as percent of Total Medicaid, 2005:
 - Nevada, 37%, ranked 23rd
 - Medicaid nursing facility spending as percent of Total Medicaid, 2005:
 - Nevada 53%, ranked 24th
 - Medicaid personal care expenditures per person in the state, 2005
 - Nevada \$18, ranked 18th

- **Medicaid Per Capita Spending:**

	<u>Nevada Avg.</u>	<u>Ranking</u>	<u>National Avg.</u>	<u>High State</u>
FFY1997	\$268.44	51 st	\$586.84	\$1,478.85
FFY1998	\$276.66	51 st	\$611.26	\$1,531.27
FFY1999	\$280.13	51 st	\$645.16	\$1,608.67
FFY2000	\$296.40	51 st	\$691.57	\$1,588.86
FFY2001	\$321.84	51 st	\$756.96	\$1,720.98
FFY2002	\$372.73	51 st	\$853.29	\$1,895.20
FFY2003	\$468.48	49 th of 50	\$878.50	\$1,764.87
FFY2004	\$445.72	51 st	\$980.95	\$2,159.20
FFY2005	\$490.26	51 st	\$1,027.18	\$2,318.46

(U.S. DHHS, Center for Medicare and Medicaid Services, 2004; KFF (2006); NASBO (2006); and, U.S. Census Bureau, 2004)

- **Uninsured Rates:**

- **437,370 Nevadans, or 18%, were without health insurance in 2004-2005**

- Nevada ranked 7th highest nationally (KFF, Jan 2007)

- **104,340, or 16%, of Nevada's children ages 0-18, were without health insurance in 2004-2005**

- Nevada ranked 4th highest nationally (KFF, Jan 2007)

- Percent uninsured and rankings over time (United Health Foundation, 2006)

	<u>Percent Uninsured</u>	<u>State Ranking</u>
1990	20.9%	47 th
2003	19.7%	48 th
2004	18.9%	44 th
2005	18.5%	44 th
2006	17.4%	36th

- The average cost of health insurance through a private employer for a Nevada individual in 2005 was \$4,248, and the average cost for a family was \$9,496

- For the individual, **\$490** of that amount, and **\$1,095** for a family, **is due to the unreimbursed cost of health care for the uninsured** (*Families USA, June 2005*)

- **Adequacy of Prenatal Care**

	<u>Percent Entered Prenatal Care</u> <u>1st Trimester</u>	<u>State Ranking</u>
1990	65.7%	38 th
2003	68.2%	46 th
2004	70.1%	39 th
2005	71.6%	36 th
2006	66.8%	45 th

(*United Health Foundation, 2006*)

PUBLIC ASSISTANCE

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; **Nevada was one of 9 states that provided minimum coverage** at 133% of poverty through FY2006 (*KFF, State Health Facts, 2005*)
 - However, **effective December 1, 2006**, pregnant women are covered up to **185% of poverty** (*DHCFP, HIFA Waiver*)
- Nevada has lower TANF eligibility—**Nevada ranks 41st nationally in TANF needs test** (*TANF Sixth Annual Report to Congress-Seventh Annual Report does not update*)
- **Nevada does not have a medically needy program**—**Nevada is one of 15 states with no medically needy program** (*Kaiser Family Foundation, 2007*)
- **Nevada ranks 32nd nationally when average TANF cash grants are compared** (*TANF Sixth Annual Report to Congress-7th no new data*)
- **Nevada ranks 42nd out of 51 in Food Stamp Participation rate for 2004 improving from 50th and 44% the year before** (*USDA, Oct 2006 from Mathematica Inc., for 2004 data*)
 - Nevada **54% participation rate for 2004**

- National average **60%**
- High is Missouri **84%**
- Low is California **46%**
- The U.S. DHHS Office of Family Assistance measures states' public assistance programs in a number of areas and ranks the states' efforts:

Category	'98 Rank	'99 Rank	'00 Rank	'01 Rank	'02 Rank	'03 Rank	'04 Rank
Employment							
<i>Job Entry</i>	5	5	7	26	19	15	13
<i>Job Retention</i>	28	25	17	23	13	13	11
<i>Earnings Gain</i>	20	25	23	37	26	39	32
<i>Success in Workforce (Ret + Earn)</i>	31	26	15	34	11	29	18
Child Care							
<i>Subsidies</i>	n/a	n/a	n/a	46	33	23	N/A
<i>Accessibility</i>	n/a	n/a	n/a	45	44	29	N/A
<i>Affordability < Pov</i>	n/a	n/a	n/a	46	12	4	N/A
<i>100-125% Pov</i>	n/a	n/a	n/a	47	24	13	N/A
<i>125-150% Pov</i>	n/a	n/a	n/a	47	41	23	N/A
<i>150-175% Pov</i>	n/a	n/a	n/a	47	42	24	N/A
<i>Number Elig State Compared to Fed</i>	n/a	n/a	n/a	5	5	4	N/A
Family Formation/Stability	n/a	n/a	38	25	30	33	31

(U.S. DHHS, Administration for Children and Families, 2004, no new updates as of Jan 9, 2007)

- **Child Support Enforcement:** The U.S. DHHS Office of Child Support Enforcement measures states using five Performance Indicators, FFY05 PRELIMINARY Data (Source: ACF/OCSE Unaudited Incentive Performance Scores, FY05, Table#10)

<u>Performance Indicators</u>	<u>Nevada Percent</u>	<u>National Average</u>
Paternity Established	66.30%	87.57%
Orders Established	62.41%	75.87%
Current Support Collected	45.68%	59.91%
Arrearages Collected	49.60%	60.04%
Cost Effectiveness Ratio	\$2.98	\$4.58

FUNDING

- Nevada ranks **45th** in federal spending received per dollar of tax paid
 - For each dollar Nevada sends, the State receives **\$0.73** (FFIS Issue Brief 06-44, Oct 26, 2006 for 2004 data)
- Nevada ranks **50th** in total federal **expenditures** per capita
 - **Nevada receives \$5,469** per capita
 - National average **\$7,222**
 - **High \$12,885 (Alaska); 2nd highest Virginia \$12,150.14; 3rd highest Maryland \$11,645.42; 4th highest NM \$10,436.65** (All of above from U.S. Census, Consolidated Federal Funds Report, FY04, Dec. 2005, latest available as of Jan 2007)

DEPARTMENT OF HEALTH AND HUMAN SERVICES/BUDGET HIGHLIGHTS

Capital Improvement Projects (CIPs) --- Nine projects

- Expand Desert Willow Treatment Center in Las Vegas by 12 beds (\$11.2 million).
- Remodel buildings on Northern Nevada Mental Health Campus to expand Adolescent Treatment Center (ATC), provide office space for mental health staff, demolish old buildings and remove from central heat plant, and plan for new consolidated services building in future CIP (\$9.7 million).
- Purchase land and plan for 50 bed Forensic Treatment Facility in Las Vegas (\$7.7 million).
- Several maintenance projects related to hot water system rehabilitation, security issues, and restroom renovations (\$6.3 million).

Technology Improvement Requests (TIRs)---BA 3125

- "Electronic Birth Registry" is an online, real-time method of registering the births, deaths and fetal deaths in Nevada. (\$1.2 million in GF).
- "Data Warehouse" is an enhancement to create real-time and statistical data bases from most divisions with DHHS. The warehouse will have the ability to link or match databases (\$2.2 million in GF).

One-shot Appropriations

Several one time appropriations are requested for the 2007-2009 biennium, and are funded from General Funds (GF) from FY07.

<u>Agency</u>	<u>Purpose</u>	<u>\$\$\$</u>
Aging Services	Replacement computers, software, A/C unit	\$115,820
Caliente Youth Center	Vehicles and equipment	86,425

<u>Agency</u>	<u>Purpose</u>	<u>\$\$\$</u>
Summit View	Equipment	54,315
Desert Regional	Furniture, equipment and vehicles	411,000
Early Intervention	Replace computers	422,457
Lakes Crossing	Computers, equipment, vehicle	153,960
Director's Office/FRCs	Vehicles	380,000
Medicaid	Computers, printers	200,302
Check Up Program	Las Vegas office move	13,373
Medicaid	Las Vegas office move, Reno phones	354,264
Mental Health MIS	Computers	195,629
Mental Health Administration	Computers	72,653
Mental Health-North	Computer, vehicles, equipment	634,271
Elko Youth Center	Radios, equipment, vehicles	100,073
Health Administration	Computers	107,922
Rural Clinics	Computers, equipment	452,848
Rural Regional	Computers, equipment	51,914
Sierra Regional	Computers, equipment	116,594
Mental Health-South	Computers, equipment, vehicles	507,528
Welfare Administration	Computers	380,406
Welfare Field Services	Computers, phones	<u>900,865</u>
	Total =	<u>\$5,712,619</u>

DIRECTOR'S OFFICE BUDGETS/PROGRAMS WITHIN

- \$200,000/year is requested to support the Nevada 211 system. Similar funding was provided by the 2005 Legislature. This system is a public private partnership with funding from Fund for a Healthy NV, United and the City of Las Vegas.

- \$1 million/year to support Methamphetamine Education Program. This funding along with funding in the Governor's Office (\$100,000 one-shot), law enforcement officers (10), and prevention and treatment funds in the Substance Abuse Prevention and Treatment Agency (formerly BADA) outline a comprehensive effort to address "meth" epidemic.
- New Personnel Officer position to help address recruitment and succession planning.
- \$3 million in new funding to provide Personal Assistance Services to enable persons with disabilities to remain in their own homes and rehabilitation services for people with Traumatic Brain Injury (TBI).
- Approximately \$394 K to enhance Positive Behavioral Support Services.
- Approximately \$1.7 million to serve additional people with disabilities with Independent Living Services.
- Approximately \$64 K to create and operate an online registry of interpreters for the deaf and provide real-time captioning services.
- The Senior Rx and Disability Rx program is requesting sufficient funds to serve participants in the two member groups:
 - For FY08, \$7.52 million to service 7,664 senior members and \$391,363 to serve 440 members with disabilities.
 - For FY09, \$8.47 million to serve 8,030 senior members and \$443,743 to serve 460 members with disabilities.
- Funding of approximately \$1.7 million/year to continue Problem Gambling Prevention and Treatment program. Funding authorized by 2005 Legislature sunsets 6-30-07 unless action (Department BDR) is taken to continue. Request for full time Program Specialist to support program.
- Approximately \$2 million is requested to build capacity in Family Resource Centers to provide "alternative response" to child protective services. Required by federally mandated Program Improvement Plan.
- Request for additional Investigators for Ely Office of Public Defender.

DIVISION OF HEALTH CARE FINANCING

- Ten new positions are requested to increase oversight of program, review of fiscal agent, budget and cost allocation

- Seven new staff to the SURS unit to increase the detection of fraudulent and abusive billing practices. Additional effort is expected to give \$887 K in medical payments.
- A two grade (10%) salary increase is included for Health Care Coordinators staffed by licensed nurses. Increase is needed to keep competition in recruitment efforts and to keep pace with salary increases given to “direct care” nurses.
- \$134.4 million is included to provide for inflation and mandatory rate adjustments, primarily in managed care programs and pharmacy inflation. \$66.6 million is General Funds.
- \$127.5 million (\$42.2 GF) is included for projected caseload growth.
- Medicaid Estate Recovery unit is increased by five positions to work backlog of collections cases. Expected GF savings are \$929,534.
- A Clinical Claims Editor System will be implemented with expected General Fund savings of approximately \$587K in FY09.
- A Managed Care Pilot program will be implemented on a voluntary basis for approximately 5000 Aged/Disabled recipients with projected savings \$2.5 million in General Funds.
- Regional Care Coordination will be implemented for children in Residential Treatment Centers (RTCs) and case management for recipients with high cost medical conditions. General Fund savings are estimated at \$3.5 million.
- Dental benefits will be provided to pregnant women. Studies have shown proper dental care results in significant reductions in low birth weight babies. Savings are estimated at \$660K in General Funds.
- The unearned income limit for determining eligibility for the Health Insurance for Work Advancement (HIWA) program is eliminated.
- Medicaid coverage for children aging out of foster care is continued. Under the provisions of AB580 from the 2005 Legislature, this program/coverage could not be included in the agency base budget.
- \$155,000 is included to help recruit new behavioral health providers to increase access to care.
- Residential rehabilitation and behavioral adult day care services will be added to the waiver for the physically disabled in FY09.

- Five new staff are included to provide better oversight over Home and Community Based waiver programs.
- Rate increases are included for physicians and other medical professionals. Rate schedules will be updated from the Medicare 2002 schedule to the 2007 schedule. Total cost is \$57.6 million (\$27.3 GF).
- Nevada Check Up is also funded for mandatory inflation adjustments. Two new Fraud/Abuse investigators are requested. Caseload growth is funded to increase enrollment to an average of 28,592 in FY08 and 29,291 in FY09 (approximately 6.4% growth).
- Health Insurance Flexibility and Accountability (HIFA) waiver approved by 2005 Legislature is continued. Federally approved plan is funded for expanded eligibility for pregnant women (185% of poverty) and subsidies (up to \$100) to employees with income under 200% of poverty, working in small businesses.

MENTAL HEALTH/DEVELOPMENTAL SERVICES

- 3.5 FTEs are added to the administration budget to improve fiscal oversight and increase support in personnel functions.
- Medical inflation is included in all mental health budgets. Inflation factors are 7.25% in FY08 and 7.75% in FY09. Total cost is approximately \$7.1 million.
- 11.5 FTEs are added in Northern Nevada Mental Health to support projected caseload growth and to establish two new medication clinic locations.
- Approximately \$1 million is budgeted for additional residential support placements in Northern Nevada Mental Health.
- 21.5 FTE's are added to address growth in Psychiatric Ambulatory Services (PAS) in Northern Mental Health.
- Mental Health Courts are funded in Las Vegas, Reno and Carson City.
 - 7 FTEs and services in North related to AB175.
 - 5 new FTEs in North for caseload growth.
 - 1 FTE and services in Carson City related to AB175.
 - 3 FTEs and services in Las Vegas related to AB175.
- Triage Center funding is included for South (\$900,000 per year) and North (\$500,000 per year).

- Twelve new staff are added to fully staff 28 forensic bed expansion at Lakes Crossing related to federal court order.
- 28.5 FTEs are eliminated from Rural Clinics budget as a result of caseload projections.
- Caseload growth adjustments are needed in the Southern Mental Health budget for medication clinic (decrease), residential services (increase), PACT (increase), out-patient counseling (decrease) and ambulatory services (decrease).
- Supportive housing services are continued as provided by AB175 in 2005 Legislature.
- 22 new psychiatric beds are included for population growth (originally funded as contract services in AB175).
- Budgets for the three Regional Centers (North, South, Rural) are increased for:
 - Caseload growth/service coordination.
 - Added residential supports.
 - Added jobs and day training.
- The Regional Centers continue to downsize the remaining ICF/MR beds (20 North, 6 South) and convert 18 privately operated ICF/MR beds to Community Living.
- Desert Regional Center adds ten positions to provide services to children with special needs (also served in Children's Mental Health system).
- Increases in the Family Preservation Program based on the average federal SSI increase each year.
- Substance Abuse Prevention and Treat Agency (formerly BADA) budgets are increased significantly:
 - \$5.3 million in General Funds to replace lost State Infrastructure Grant
 - \$3.8 million in General Funds to help address wait lists for services that have exceeded 1,900 people
 - \$3.0 million in General Funds to develop and implement a program that will integrate mental health and substance abuse treatment.

HEALTH

- Program Manager for the Office of Minority Health is continued. Funding provided by AB580 of the 2005 Legislative sunsets 6-30-07.
- Nearly \$1 million in General Funds is included to fund a Poison Control Call Center. This was previously funded by Washoe Medical Center and the Southern Nevada Health District. Federal funding is no longer available.
- Four new positions are included in the Vital Statistics budget as a companion to the TIR related to the Data Warehouse for health statistics/information.
- Six new (user fee funded) positions are included in the Consumer Health Protection budget to comply with state/federal mandates and growth.
- Seven new positions (fee funded) are added to the Radiological Health budget to address workload and mandates.
- Seventeen new positions (fee funded) are requested to address initial licensing surveys, renewal workload, complaint investigations and infrastructure needs in the Bureau of Licensing and Certification.
- A two grade (10%) salary increase is included for Health Facilities Surveyors staffed by licensed nurses. Increase is needed to keep competition in recruitment efforts and to keep pace with salary increases given to "direct care" nurses.
- Five Community Health Nurses are restored using state general funds.
- Three new positions and contracted funds are added to support regional coordination of the Immunization registry--- Approximately \$1 million in additional general funds is needed to support this effort.
- \$1.4 million is included to serve additional children with developmental delays with Early Intervention Services. All of the new funds will be contracted to the private/community sector.
- 15 FTEs are added to improve fiscal oversight in the EIS program based on Audit Findings.
- 24 contracted FTE's are converted to State employees; saving over \$240,000 in General Funds.

WELFARE AND SUPPORTIVE SERVICES

- Three new positions are added to the Administrative budget to perform program review and evaluation. The Deficit Reduction Act (DRA) requires states to document and verify work participation rates in the TANF program.
- Field Services budget includes 50 new positions to perform employment and training activities required by the DRA.
- \$1.7 million in federal TANF funds will augment employment and training activities.
- Adjustments to the TANF budget are necessary to provide TANF/EA funding to Clark and Washoe Counties to improve child protective services (Funding to come from federal TANF reserves).
- Mandated \$25 fee must be implemented in the Child Support Enforcement Program (no general fund impact).
- Caseload increases in the Assistance to the Aged and Blind budget will necessitate an additional \$668K in GF.
- Six contract positions in the Energy Assistance Program will be converted to State employees to provide stability and improve program performance by decreasing turnover.

AGING SERVICES

- Approximately \$253K is added to support the RSVP Lifeline program in Rural Nevada.
- Senior Ride Program in Southern Nevada is expanded through ride charges and support from cab companies.
- 315 new slots are added (15%) to the CHIP, Residential Care and Assisted Living Waivers.
- \$2.3 million in GF is added to support caseload growth and growth in size of refunds in the Property Tax Assistance Program.

CHILD AND FAMILY SERVICES

- Two staff are included to meet new requirements of the Interstate Compact on the Placement of Children (ICPC). Home studies must be completed in 60 days.

- Eight staff are requested to meet federally mandated oversight of all child welfare agencies compliance with CAPTA.
- Three new staff are requested to oversee grants programs.
- Foster Care rate increases are included to raise rates from \$21.50/day to \$24 in FY08 and \$28 in FY09.
- Clark County integration budget includes:
 - Caseload increases of 8% per year for Foster Care and Emergency Shelter payments, and 14.5% per year for adoption subsidies (approximately \$10 million in GF).
 - 64 new positions for Clark County based on caseload growth at the 1:22 staffing ratio (\$6 million GF).
 - 1 staff for ICPC requirements.
 - 32 new positions for Clark County to provide added visits to children, parents and foster parents (\$2.6 million in GF).
 - 6 new staff for 24/7 Direct Placement Team (\$1 million in GF).
 - 5 new staff for Foster Home Recruitment and training (approximately \$600K in GF).
 - 6 new staff for Foster Home Licensing (\$687K GF).
 - 6 new staff as Foster Parent Liaisons (\$687K GF).
- Washoe County Integration budget includes the following:
 - Caseload growth for foster care payments (\$3.7 million GF).
 - Six new staff based on growth and 1:22 staffing ratio (\$567K in GF).
 - 1 staff for ICPC requirements.
 - 1 staff for Foster Care Licensing (\$71K in GF).

- 3 staff for family preservation efforts (\$482K in GF).
- Rural Child Welfare budget includes the following:
 - 12% increase in adoption subsidies.
 - 5% increase in Foster Care placements.
 - No new staff for caseload or enhancements.
- \$1.3 million/year is included as debt service on the Summit View Facility.
- Approximately \$975K in General Funds is requested to provide for mental health treatment services in the Youth Parole Budget.
- 2.5 FTE's for Early Childhood and Outpatient programs at the Northern Nevada Children's Services and 2 half-time Developmental Specialist to expand day treatment.
- \$1.5 million (\$950K in GF) is requested to fund a mobile crisis team for children's mental health.
- The September 2006 IFC approved the opening of two On Campus Treatment Homes at the Southern Nevada Children's Mental Health campus. Funds are requested to continue to operate the two homes through the next biennium.
- Funding is requested to convert one RTC at Desert Willow Treatment Center to specialize in treating youth with both emotional disturbances and substance abuse.

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BA 3150 – DHHS Administration

The Director's Office manages the various services and programs administered and operated by the Department's divisions within their respective subject areas. Director's Office staff includes the Director, Deputy Director – Programs, Deputy Director – Fiscal Services, Deputy Director – Administrative Services, a Public Information Officer, a Management Analyst IV, an Executive Assistant, 2 suicide prevention staff, 1.5 Head Start Collaboration staff, 4 fiscal staff, 2 auditors and 3 support staff. The staff in this budget also provides accounting and administrative support to the staff of the Indian Commission and financial / budget consultation to the Public Defender.

Our budget proposal includes funding to continue the 19.53 FTE contained in the base budget and create one new Personnel Officer position. The budget also contains funding to create a Methamphetamine Education Program and expand the Nevada 211 phone system.

- E 325 requests \$200,000 in general funds each year of the biennium to expand the hours of service of the Nevada 211 phone system. The system is a public/private partnership that allows citizens needing social services to call one number for referrals to whatever service they may need. In FY 2006 funding from the program came from the Fund For a Healthy Nevada (tobacco funds), Community Services Block Grant, Health Preparedness grants, Maximus funding, and the United Ways of Southern and Northern Nevada. Currently in FY 2007 the program is funded by grants from the Fund for a Healthy Nevada in the amount of \$340,705, United Way of Northern Nevada in the amount of \$93,561, the City of Las Vegas (HOPWA Funds) in the amount of \$54,474, and Household Bank in the amount of \$10,000. The Fund For a Healthy Nevada has already provided a grant for FY 2008 in the amount of \$320,530.

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- E 326 is a request to establish a statewide methamphetamine education program. This funding will be utilized in accordance with the findings and recommendations of the Governor's methamphetamine working group.
- E 450 is a request to create a Personnel Officer 1 position in the Director's Office. This position is needed to focus on recruitment and retention issues on a Department wide basis.
- We have made a request for a supplemental appropriation of \$635,000 to finish paying for the move of DHHS offices to Technology Way in Carson City. The supplemental appropriation will allow us to complete all necessary tenant improvements and make rent payments through the end of Fiscal Year 2007. A supplemental appropriation request of \$330,000 was anticipated when the original contingency fund allocation was made.

BA 3154 – Developmental Disabilities

This budget account provides support to the Governor's Council on Developmental Disabilities through a matching grant from the Federal Administration on Developmental Disabilities. The role of the Council is to engage in advocacy, capacity building and systems change activities that promote independence, self-determination, productivity and inclusion in all facets of life for people with developmental disabilities. The Council provides sub-grants to community-based entities for startup and demonstration of systems change models in service delivery and consumer leadership. It also utilizes State funds for management of housing development and systems work. Funding cannot be used for on-going service provision but may be used to demonstrate innovative ways to fill gaps in the system, to advocate for systems change, and to demonstrate effective community capacity building strategies.

- The base budget continues funding for the 4 existing positions.

BA 3266 – Community Based Services

The mission of the Office of Disability Services (ODS) is to provide community-based resources that promote greater independence and self-sufficiency for people with the most severe disabilities who are ineligible for services through public entitlement programs or for whom services do not exist. Services are provided through four main areas of assistance: personal assistance services, traumatic brain injury rehabilitation, assistive technology (including telecommunications devices for those with communication disabilities) and independent living services. The ultimate goal of all services is to allow people with disabilities to remain in the community and not in institutional care.

- Base budget continues funding for 7 existing positions.
- M 540 provides funding to provide Personal Assistance Services (PAS) for an additional 63 people and comprehensive traumatic brain injury (TBI) rehabilitation for 64 people. This decision unit helps to address the Olmstead issues related to this budget account. The Strategic Plan for People with Disabilities is our Olmstead Plan.
- M 541 is another Olmstead decision unit. This decision unit provides for technical assistance and training to agencies offering to provide Positive Behavioral Support services.
- E 542 is our last Olmstead decision unit. This decision unit provides for one new state FTE and funds for contract employees to serve 403 people needing Independent Living Services. The additional resources will reduce the wait for services to 90 days as required by the Olmstead decision.
- E 325 requests funding to create an online registry of interpreters for the deaf and providers of real-time captioning services. This is in support of recommendation 1 from the Interim Legislative Committee on Persons with Disabilities.

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- E 326 request funding to allow the Strategic Plan Advisory Committee (SPAC) to continue its work regarding the ongoing implementation and monitoring of the Department's Strategic Plan for People With Disabilities.

BA 3261 – Healthy Nevada Fund

This budget contains funding from the tobacco settlement set aside to administer programs for tobacco use control and treatment, to improve children's health, to provide services to Nevadans with disabilities, and to provide prescription drug programs for low income seniors and people with disabilities.

The funding for the tobacco use control and treatment, children's health, and disability services is passed through to community based agencies through a competitive application process. For that reason the funds for these programs are transferred to the DHHS Grants Management Unit – BA 3195. The tobacco settlement funds will be processed through BA 3261 and then transferred to the Grants Management Unit as needed to fund program activities. The remaining expenditures are related solely to the operation of the Senior Rx and Disability Rx programs.

Nationally, implementation of Medicare Part D created multiple challenges for State Pharmaceutical Assistance Programs (SPAPs) like Senior Rx and Disability Rx. Since January 1, 2006, a disproportionate amount of staff time has been spent:

- Addressing problems with inaccurate data supplied by the Centers for Medicare and Medicaid Services (CMS);
- Establishing contracts with Medicare Part D prescription drug plans;
- Devising methods of coordinating and reconciling the premium benefit, and
- Acting as advocates when member-level issues require facilitating a resolution with CMS and/or the Part D plan.

With the implementation of Medicare Part D drug benefits on January 1, 2006, we began the process of separating Senior Rx and Disability Rx members into two benefit groups; Medicare eligible members and non-Medicare eligible

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members. The transition was made slowly due to national problems with Part D implementation and the split was completed in mid-March.

With the implementation of Part D we have seen a decrease in the number of Senior Rx members. Enrollment has dropped from 8,764 on January 1, 2006 to 6,446 on December 1, 2006. We are seeing an upswing in applications, however, as people are affected by the Part D coverage gap and search for resources available to bridge the gap.

Disability Rx, which rolled out simultaneously with Medicare Part D, is not changing its dynamics but is creating a new history. With no utilization or expenditure record, staff used a conservative approach to set an initial enrollment cap. Since then staff has continued to keep a close watch on program activity so increases might be implemented whenever possible. The waiting list is perpetual since new applications are received daily. The following is a brief history of the enrollment in Disability Rx.

- Initial cap – 147
 - Cap increased October 2006 – 450
 - Cap increased January 2007 – 556
 - Waiting list as of January 19, 2007 – 30
-
- M 101 provides for inflation of medication costs over the biennium. The inflation has been calculated at the anticipated 7.25% inflationary rate in FY 2008 and 7.75% in FY 2009.
 - E 253 requests funding for an Accounting Assistant to coordinate monthly Medicare Part D premium benefit payments for more than 25 different Part D prescription drug plans on behalf of Senior Rx and Disability Rx members.
 - E 325 requests funding for travel costs to allow the program director to attend ongoing national meetings/conferences regarding Medicare Part D.

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- E 401 requests funding for projected caseload increases of 5.14% in FY 2008 and an additional 4.78% in FY 2009. These estimates are based upon the State Demographer's forecasts.

BA 3241 – BCBS Settlement

This budget accounts for the funding received under a settlement agreement with Blue Cross and Blue Shield. The agreement required a payment of \$150,000 annually for 5 years. The use of the funds was limited "to further the nonprofit charitable health care purposes upon which Nevada's claim to alleged charitable assets were based." In accordance with that stipulation the funding has been transferred to the Check Up program. The last payment under the agreement has been received in State Fiscal Year 2007 so the budget account will not be needed in the future. It should be noted that his funding source will need to be replaced in the Check Up program.

BA 3195 – HHS, Grants Management Unit

The Grants Management Unit consolidates the functions and management of grant programs which primarily pass funds to community-based sub-recipients. The Unit was created to allow for the standardization of procedures, simplification of accounting, and co-location of staff. This has created efficiencies which have allowed us to use fewer funds for administrative purposes and pass more funds to grantees providing direct services. Grantees have also benefited from the standardized procedures used to request funding.

The Advisory Committee on Problem Gambling created last session made substantial progress through FY06 and into FY07 in building statewide capacity to provide problem gambling treatment and prevention programs through funding of the following grants:

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- Nine treatment providers reaching people in nine Nevada counties
- Five coordinated prevention and education providers
- Three workforce development initiatives
- Three research and evaluation projects

This budget, through the decision units listed below, requests the continued funding for this important program. We have also requested a full time grants manager to work with the Committee.

A Steering Committee for the Expansion of FRCs through Differential Response was established in the fall of 2006 in response to the growing crisis for child welfare in Nevada. Differential Response will provide community-based services to families that require assistance but do not warrant investigative action from child protective services. The network of Family Resource Centers (FRCs) throughout Nevada is ideally situated to provide this support as an extension of the case management and information and referral that is already provided. This expansion will enable home visits, safety, risk, and family assessments in order to work with families to obtain the level of service needed to increase their self-sufficiency and improve parenting skills to prevent child abuse and/or neglect. This model has been implemented in many other states and has proved effective at reducing formal caseloads through a more cooperative approach with families that do not pose an immediate safety risk to children. This budget request contains funding for ongoing costs of the program and a one-shot appropriation to purchase cars for the home visits.

- E 225 requests funding for a Social Services Program Specialist to manage the problem gambling grants.
- E 325 requests the re-establishment of the problem gambling funding provided last session. Per the provisions of last sessions legislation the funding was to sunset and not be included in our base budget for the next biennium. These 2 decision units continue the state general fund effort of \$100,000 per year that was provided in FY 2006 and FY 2007. We also have a BDR to extend the slot tax funding beyond the current biennium and increase the administrative cost allowance from 1% to a maximum of 5%. The slot tax revenue is accounted for in BA 3200.

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- E 326 requests the funding necessary to implement the Differential Response initiative through the Family Resource Centers.
- E 327 requests funding across all of the funding sources in this budget to increase staff training and travel funds to allow increased monitoring of grantees. This request will allow us to fully implement recent audit recommendations.

BA 3201 – HHS, Children's Trust Fund

This budget accounts for the funding received from Birth and Death Certificate charges allocated to prevent child abuse. The money is deposited into this budget account so it is easily isolated for the purpose of collecting Treasurer's interest on the balance of funds on hand.

The programs operated with this funding are administered out of the DHHS Grants Management Unit – BA 3195. Funds are transferred to BA 3195 as they are needed to pay for staff and program operations. The money is left in this account as long as possible to maximize the interest earnings.

BA 3200 – Director's Office Problem Gambling

The revolving account for the Prevention and Treatment of Problem Gambling was established during the 2005 Legislative session. This is the budget account that receives the slot tax revenues earmarked for the problem gambling program. The funds must be expended only to award grants of money or contracts to provide programs for the prevention and treatment of problem gambling. The statutory duties for the department include adopting regulations for application

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procedures as well as distribution of funds. Statutory duties for the Advisory Committee on Problem Gambling include reviewing each request for funds, establishing criteria, monitoring each award, assessing needs, and determining priorities. The department provides all of the staffing support and coordinating functions for the Advisory Committee. The continuation of this funding is dependent upon passing legislation that will remove the sunset provision of legislation passed in the 2005 session. We also have requested legislation to increase the amount of funds that can be spent on administrative costs from 1% to a maximum of 5%.

The progress in establishing this program has been highlighted in the discussion of activities of our Grants Management Unit in BA 3195 above.

BA 1499 – Public Defender

The Office of Nevada State Public Defender represents indigent adults and juveniles accused of committing crimes in certain rural areas of Nevada, or in any of Nevada's prisons. The office also handles appeals from denial of post-conviction habeas corpus petitions for state prison inmates accused of a crime.

- The base budget continues funding for the 19 positions currently funded.
- E 251 requests an Investigator for the Ely office. Investigators from Carson City are currently required to make frequent trips to Ely and given the travel time it will be more appropriate to fund a full time Investigator in Ely.
- E 325 requests funding for training at the Criminal Defense College for 2 public defenders each year.
- E 326 requests authority to establish a Public Defense Commission as recommended in an Internal Audit report in September of 2004.

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- E 710 requests funding to replace computers that will be between 5 and 7 years old in the first year and over 4 years old in the second.

BA 2600 – Indian Affairs Commission

The Nevada Indian Commission was created by statute in 1965 to "study matters affecting the social and economic welfare and well-being of American Indians residing in Nevada, including, but not limited to, matters and problems relating to Indian affairs and to federal and state control, responsibility, policy and operations affecting such Indians." The Commission is striving to develop positive Tribal-State relationships and enhancing Government-to-Government relations. The Commission is comprised of 5 Commissioners appointed by the Governor.

- The base budget continues funding for the Executive Director and an Administrative Assistant.
- E 325 requests funding to allow the Executive Director to attend the National Governor's Interstate Indian Council Meeting.
- E 710 replaces computer hardware and software that is more than 5 years old.
- E 805 requests an upgrade of the Administrative Assistant to reflect the current duties of the position.

Nevada Department of Health and Human Services: 2007 BDRs

January 24, 2007

<u>BDR#</u>	<u>Lead Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
Budget Bill	DO	NRS 232	Gives the Department of Health and Human Services the ability to purchase retirement credit for certain skilled licensed mental health, health and social work professionals working in frontier Nevada [six years credit for five years worked].	Mitigates some of the difficulty in recruiting and retaining licensed mental health, health and social work professionals in rural Nevada and provides for more staffing stability.
593	DO - GMU	NRS 232.383	Clean up language for membership of the Grants Management Advisory Committee (GMAC) to allow more flexibility in appointments.	New language will provide more flexibility while maintaining a cross-section of appropriate representation.
Budget Bill	DO - GMU	NRS 439.630	Clarify the Task Force for the Fund for a Healthy Nevada may allocate not more than 5.0% funds for administrative costs of the Department.	Increases funds for administration.
Budget Bill	DO - GMU	NRS 458A.070 and 463.320	Extend funding of the Revolving Account to support programs for the prevention and treatment of problem gambling; allows administrative funds up to 5.0%. Create 1 FTE in GMU to administer the grants; clarify language to include data development, needs assessments, evaluation and technical assistance to improve program performance over time.	Based on the preliminary results of the treatment programs to date, extending funding and staff will result in better outcomes for Nevadans.
594	DO - ODS	NRS 426, 426A, and 615	Consolidate several statutory or executive ordered reports into a comprehensive report; clarify that TBI individuals be included in the Personal Assistance Services reporting; and, reflect the agency's responsibility for the American Sign Language interpreters' registry.	Provide clarity and inclusiveness in reporting requirements and statutes.

Nevada Department of Health and Human Services: 2007 BDRs
January 24, 2007

<u>BDR#</u>	<u>Lead Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
Budget Bill	DO - ODS	NRS 426	Create a revolving account to support housing access for people with disabilities.	The revolving account is being created so funds that are paid back to the program will be retained and used to assist additional individuals with disabilities to acquire home ownership.
595	DAS	NRS 200.5093 or 200.5095, and 179A.100	Require law enforcement to share information with social workers who are conducting Elder Protective Services' investigations.	Will help keep social workers safe when investigating abuse, neglect, isolation or exploitation of older persons.
596	DAS	NRS 427A.028	Add Home for Individual Residential Care (HIRC) to the definition of long-term care facility.	Clarifies that elder rights advocates can investigate complaints of residents in homes for individual residential care.
597	DCFS	NRS 62.E.710	Add violation of parole as a condition of being placed in a detention facility for not more than 30 days	Currently this chapter covers only youth violating probation.
598	DCFS	NRS 432.0155 and various NRS 432B	Revise statutes to comply with CAPTA regulations regarding public disclosure of child fatalities and near fatalities.	Ensure compliance with federal CAPTA requirements and clarify disclosure protocols.

Nevada Department of Health and Human Services: 2007 BDRs
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<u>BDR#</u>	<u>Lead Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
599	DCFS	NRS 432A.024 432A.131	Adds residential, shelter, and educational child care institutions to definition of child care facility and provides they will be licensed by the State.	Ensure facilities comply with federal regulations and operate in accordance with local health and safety ordinances and meet State licensing requirements.
Budget Bill	DCFS	NRS 217.410	Allow the Division to expend a maximum of 10.0% of total revenue collected to fund existing costs associated with administering the Account for Aid for Victims of Domestic Violence.	Currently there is no statutory authority to pay purchasing assessments, statewide cost allocations, administrative or other indirect costs.
600	DHCFP	NRS 629.091	Adds that a provider of health care who determines in good faith that a personal care assistant has complied with and meets the requirements of this section "including any public agency providing payment for these services" is <u>not</u> liable for civil damages as a result of any act of omission.	Public agencies that reimburse for these services should be held free from civil liability to the extent possible. Will help encourage "self-directed care" opportunities.
601	DHCFP	NRS 422 159.113 159.115 and 41.085	Add new language to comply with the Deficit Reduction Act of 2005 which mandated changes in Third Party Liability, Subrogation and False Claims Recovery; remove language to end confusion regarding the state's Medicaid recovery (MER) claims at time of lien placement.	Ensure NRS is in compliance with the Deficit Reduction Act of 2005 and provides protection for future MER recovery.
602	DHCFP	NRS 449.485.1	Remove the words UB-82 [universal billing form].	CMS and its predecessors changed this form number thru the years. Removing the words "UB-82" will allow the department director to authorize the <u>latest</u> version of the Universal Billing Form or other form as agreed upon by hospitals.

Nevada Department of Health and Human Services: 2007 BDRs
January 24, 2007

<u>BDR#</u>	<u>Lead Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
603	DHCFP	NRS 449.0021 449.065 449.067 449.070 449.179- 449.188; 449.230 632.472 200.5093 427A	Revises licensing requirements for personal care assistance by 1)creating licensure and standards for Intermediary Service Organizations (ISO) who provide personal care services (PCS) that are recognized as a consumer-directed model of service delivery; 2) recognize and include the skilled-by-unlicensed care specified in NRS 629.091; 3) include a more comprehensive definition of the term "micro board."	Clarifies provisions of AB337 from 2005 legislative session.
625	MHDS	NRS 232.361	Increase the number of members of the Commission on MHDS to ten by adding a representative recommended by the BADA Advisory Board.	Ensures representation of BADA on the commission.
Budget Bill	MHDS	NRS 175, 178, 433, and 433A	Mandate continued supervision and treatment, thru a conditional release program, for individuals charged with felonies and misdemeanors but found incompetent to stand trial.	Currently there is no ability to enforce compliance with a treatment program; individual can become a danger to the public.
Budget Bill	WSS	NRS 125B.030 125B.085 and 425	Amend Child Support Enforcement provisions of NRS to ensure compliance with the Deficit Reduction Act of 2005 [which includes TANF Reauthorization].	Ensure NRS is in compliance with the Deficit Reduction Act of 2005 for TANF and CSE.